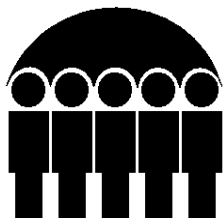


Revised October 16, 2001

Employees' Manual  
Title 14  
Chapter B

# **AUTOMATED BENEFIT CALCULATION SYSTEM**



Iowa  
Department  
of  
Human Services

	<u>Page</u>
OVERVIEW .....	1
Definitions .....	2
ABC SYSTEM'S CYCLICAL MONTH .....	6
Review and Report Form Mailing .....	9
Report Form Due Date.....	9
MRTL Cutoff.....	10
Notice of Cancellation Mailing.....	10
Recoupment .....	10
Timely Notice Day.....	11
MN/SSI-Related Medicaid Review Mailing.....	11
ABC Cutoff.....	12
Pending Release Day .....	12a
Output of System-Generated Actions .....	13
SYSTEM PREPARATION AND PROCESSING OF DATA.....	15
Case Numbers and State ID Numbers .....	15
Entry on Multiple Screens .....	16
Entry Reasons .....	16
Status Codes.....	17
Individual Records .....	17
Applications.....	18
Rolling to TD03 .....	18
ELIGIBILITY DETERMINATION AND BENEFIT CALCULATION .....	18
Individuals Considered .....	21
Months Affected by Entries.....	21
Case Approvals .....	21
Ongoing Cases .....	22
Resource (RSC) Records .....	22
Income Records .....	23
Grants as Income.....	23
Maximum for Deductions .....	24
Calculation Results .....	25
BCW Processing.....	25

	<u>Page</u>
AUTOMATED NOTICES .....	29
Generation of Notices .....	30
Notice Content .....	31
Adequate vs. Timely Notice .....	33
QUALITY ASSURANCE .....	34
Entries Restricted to Quality Assurance .....	35
Returned Warrants .....	36
Missing Warrants .....	36
“Pulled” Warrants .....	37
SYSTEM FORMS .....	37
Family Composition, 470-0275 .....	37
Lost Form Request, 470-0272 .....	37
Medicaid Review, Form 470-3118 or 470-3118(S) .....	38
Notice of Automatic Computer Action or Posting, 470-0273 .....	38
Notice of Cancellation, 470-0500 or 470-0500(S) .....	38
Notice of Decision, 470-0485 or 470-0485(S) .....	39
Quality Assurance Transmittal, 470-0271 .....	39
Review/Recertification Eligibility Document, 470-2881 or 470-2881(S).....	39
Transitional Medicaid Notice of Decision/Quarterly Income Report, 470-2663 or 470-2663(S) .....	39
SYSTEM-GENERATED REPORTS .....	40
Caseload Management Reports .....	40
S470C398-A, CCA Warrant Report .....	40
S470C607-A, Review/Recertification Due.....	41
S470C607-A, Report 617 MEPD Premium Reviews .....	42
S470C608, Monthly Eligibility Case List.....	43
470C609, Monthly Eligibility Management Report .....	44
Columns and Rows .....	46
S470D649, Applications Pending.....	49
S470C421, Worker Action Report.....	49
S470C460-A, Nonfatal Error Summary for Supervisors.....	50
S470C460-B, Fatal Error Summary for Supervisors .....	50
S470C467-A, Transactions Over Two Weeks Old.....	51
S470D435-A, Case Workers by County Within Service Area .....	51

---

	<u>Page</u>
Food Assistance Reports.....	52
J470F505C, Daily Food Stamp Issue Register .....	52
J470F517C, Monthly Food Stamp Issue Register .....	52
S470F562, Food Stamp Participation Report (FNS-256) .....	53
S470F529, Multiple Food Stamp Authorizations Control Report .....	54
Other Reports .....	55
S470D124---A, Human Services Daily Claim Register .....	55
S470D133---Q, Human Services Monthly Register .....	55
S470D781---A, Refugee Aid-Type Detail Listing.....	56
S474M227 (M227R001A), Medical Eligibility.....	56
J470D177, Active Recipients Without Social Security Numbers .....	56

## **OVERVIEW**

The Automated Benefit Calculation (ABC) system is a computer system designed to:

- ◆ Gather and store information about the Department's income maintenance programs clients.
- ◆ Calculate benefit levels.
- ◆ Enable issuance of benefits.
- ◆ Generate IowaCare cards.
- ◆ Issue client notices and forms.
- ◆ Generate various management reports to assist in program administration.
- ◆ Pass information to other systems.

The ABC system stores information about individuals and cases as separate records. The system uses a unique number to identify an individual. This number is called the state identification number (SID). The system uses another unique number to identify the case. The SID number and case number connect the record of the individual to the record of the case.

DHS income maintenance staff enter source information into the system. Staff are then able to update most information using "real time processing" of data input into the system. This means that data that is input and confirmed into the system is processed at the time the data is confirmed and a *Notice of Decision* or a calculation result preview is available immediately after confirmation of input data.

However, certain data does require the use of "batch processing." This means data input will be processed at night. Updated information appears the next day on screen as well as on notices and other documents. When information is not updated, Worker Action Report screens (WARs) display this and other information. If fatal WARs are not corrected and transactions confirmed, the transactions will be purged after three days.

Once information is in the system, it is usually not necessary to resubmit the same information. The screens display data as updated by the system. Documents are printed and delivered to the county offices by a courier service.

All entries are electronically recorded on microfiche. The Division of Data Management's Quality Assurance Unit maintains microfiche records.

**Definitions**

“**ABC**” means the Automated Benefit Calculation system.

“**ABC cutoff**” means the last day when data can be entered for a certain system month’s cycle. ABC cutoff is the last day in a calendar month that data can be entered to cause a change for the next calendar month’s eligibility or benefit level. This day is always the sixth working day before the end of the calendar month.

“**Adequate notice**” is a written notice that informs the household of:

- ♦ An action the Department is taking,
- ♦ The reason for the action,
- ♦ When it is effective,
- ♦ The administrative rule reference,
- ♦ The *Employees’ Manual* reference by chapter number and subheading,
- ♦ The household’s right to a fair hearing, and
- ♦ How the household can request continuing assistance when it requests a hearing.

See program policy chapters for information on notice requirements for each program.

“**APP1**” means the option used to “pend” an application for SSI-related Medicaid. This is an automated action prompted by updates to the State Data Exchange System.

“**Batch processing**” is a sequential processing of transactions (entries) against the master file data that is performed while the system is “off-line.”

“**BCW1**” means the Benefit Calculation Worksheet screens for case information.

“**BCW2**” means the Benefit Calculation Worksheet screens for individual income information.

“**Benefit data**” are income and deduction financial data entered on BCW1 or BCW2 screens. Benefit data are used for certain eligibility tests and benefit level determination for Family Investment Program (FIP), Refugee Cash Assistance, and Food Assistance. For facility client participation calculations, benefit income includes Veterans Affairs aid and attendance, Miller trust vendor payments, and some insurance payments.

**“Benefit month”** is the month for which you intend to determine or change benefits (e.g., Food Assistance, grants, Medicaid, or facility assistance). Enter the benefit month on the BCW screen with the data to be used for that month. **Note:** Timely notice requirements may cause the actual benefit month to be the month after the month you entered.

**“Case”** for ABC is a set of program and individual data.

**“Case number”** is an identifier comprised of a six-character serial number, a two-character FBU number, a one-character code, and a one-character check digit. If no case number is entered, the system assigns the next sequential serial number.

**“Check digit”** is the last character of a case or state identification number. Check digits are system-generated based on a mathematical calculation of the other numbers. The check digit helps prevent entry of invalid numbers.

**“Considered”** means counted for purposes of determining income or need of the eligible household.

**“Current system month”** is the month that is most often aligned with the current calendar month. The current system month begins after ABC cutoff in one month and ends with ABC cutoff in the next month. Example:

The current system month of January begins the day after December’s ABC cutoff and ends the day of ABC cutoff in January.
---

**“Edits”** are the system comparison of entered data to master file data and to established system criteria. The comparison may discover elements that need to be adjusted before entries update the system.

**“Eligibility data”** are the income and deduction financial data entered for the eligibility determination.

**“FBU”** means “family budget unit.” This is a two-digit portion of the case number that follows the serial number. It is used to distinguish certain kinds of cases.

**“IABC”** means the screens used to enter or display data on Iowa’s Automated Benefit Calculation system.

**“Income data”** are the countable earned and unearned income amounts, deduction and diversion codes and amounts, and indicators for the use of income and deductions, entered on BCW1 or BCW2. BCW data are stored with the state identification number of a person.

**“Input”** is entry of data to be processed.

**“Mainframe”** is the centralized computer application system that stores software and data for ABC and other application systems.

**“Matching”** is the automated exchange of data of case and individual files with other files or other agencies.

**“Master file”** is the file of updated information used in a computer system. It provides information to be used by the programming and can be updated and maintained to reflect the results of the processing operation.

**“MRTL”** means monthly reporting tracking log, the option of ABC that allows the user to record the receipt of client report form *Review/Recertification Eligibility Document* (RRED).

**“Next system month”** is the month after the current system month. The next system month begins after ABC cutoff and ends with ABC cutoff in the next month. Example:

In the current system month of January, the “next system month” is February.
--

**“NOC”** means the *Notice of Cancellation*, forms 470-0500 or 470-0500(S), or their manual versions, used for FIP and FMAP-related Medicaid cases.

**“NOD”** means the *Notice of Decision*, forms 470-0485 or 470-4085(S), or their manual versions.

**“On line”** is direct communication with the central processing unit of the computer.

**“Output”** is the result of data processing.

**“Prior month”** is a month before the current system month. Prior months’ data is entered on certain applications and some retroactive Medicaid requests. See program policy chapters for specific coding by programs.

**“Public assistance”** refers to Family Investment Program (FIP) and Refugee Cash Assistance (RCA).

**“Real time processing”** is the process that provides immediate feedback to the IM worker as a result of case actions and, when appropriate, a *Notice of Decision* and calculation is immediately available to preview to verify expected results from those actions.

**“Report form”** is the form required by a particular program for periodic reporting. Report forms include the *Review/Recertification Eligibility Document* (RRED) and the *Transitional Medicaid Notice of Decision/ Quarterly Report*.

**“RRED”** is the *Review/Recertification Eligibility Document*, form 470-2881 or its manual or Spanish-language versions.

**“Rolling”** refers to entries in program sections of the “turnaround document” (TD) screens that generate duplicate or related entries in the program section on TD03. “Rolling” is also used to describe the way in which income and deduction records are maintained from one system month to the next.

**“Serial number”** means the first group of six characters in a case number.

**“State ID”** or **“SID”** is the unique state identification number DHS assigns to each person.

**“System month”** means the period used for processing. A system month begins after ABC cutoff in one month and ends with ABC cutoff in the next month.

**“Tickler”** is a system-generated or worker-recorded reminder. ABC ticklers are displayed on ABC’s Worker Action Report (WAR) screens.

**“Timely notice”** is the adequate notice sent to a participant at least ten calendar days before the effective date of adverse action. See program policy chapters for specific information on timely notice by program.

**“TD”** means a turnaround document or screen.

**“TM”** refers to the Transitional Medicaid coverage group.

**“Transaction”** is the set of entries from one screen or screen section. Transactions waiting for processing are listed on the TXNS screen.

**“Update”** means to modify a master file with entries according to a specified procedure.

**“User ID”** is the name or code assigned to each user for accountability and security purposes.

**“WAR”** means Worker Action Report sent by the ABC system. See 14-B-Appendix, [WORKER ACTION MESSAGES](#), for additional information and a listing of current ABC WAR messages.

**“WIFS”** means warnings, informational, fatal, and summary messages. WIFS are E-mail messages sent by the MEPD billing system, the Medicaid eligibility system, the *hawk-i* referral system, and the ABC system to inform the IM worker that action may be needed to be taken on the designated system.

## **ABC SYSTEM’S CYCLICAL MONTH**

Although transactions are processed daily, the ABC system operates according to the dates of the monthly cycle. The cyclical month begins after ABC cutoff of one calendar month and ends, except for some calendar month-end processes, with ABC cutoff of the following month.

Critical days in the cyclical month and the system-generated forms are discussed in the remainder of this section.

The ABC System Dates chart is distributed annually with the dates of the cycle. ABC users refer to the chart daily to make appropriate entries, be aware of system-generated runs, and meet system deadlines. Example:

**2009 ABC SYSTEM DATES****IFPN REVIEW MAIL (1)**

November 25, 2008  
 December 29, 2008  
 January 29, 2009  
 February 26, 2009  
 March 27, 2009  
 April 28, 2009  
 May 28, 2009  
 June 26, 2009  
 July 29, 2009  
 August 27, 2009  
 September 28, 2009  
 October 29, 2009  
 November 24, 2009  
 December 29, 2009  
 January 28, 2010

**RRED/TM-QR MAIL (2)**

November 26, 2008  
 December 30, 2008  
 January 30, 2009  
 February 27, 2009  
 March 30, 2009  
 April 29, 2009  
 May 29, 2009  
 June 29, 2009  
 July 30, 2009  
 August 28, 2009  
 September 29, 2009  
 October 30, 2009  
 November 25, 2009  
 December 30, 2009  
 January 29, 2010

**RRED DUE DATE (3)**

December 5, 2008  
 January 5, 2009  
 February 5, 2009  
 March 5, 2009  
 April 6, 2009  
 May 5, 2009  
 June 5, 2009  
 July 6, 2009  
 August 5, 2009  
 September 8, 2009  
 October 5, 2009  
 November 5, 2009  
 December 7, 2009  
 January 5, 2010

**MRTL CUT-OFF (4)**

December 11, 2008  
 January 9, 2009  
 February 11, 2009  
 March 11, 2009  
 April 10, 2009  
 May 11, 2009  
 June 11, 2009  
 July 10, 2009  
 August 11, 2009  
 September 14, 2009  
 October 9, 2009  
 November 12, 2009  
 December 11, 2009  
 January 11, 2010

**NOC/TM REMINDER MAIL (5)**

December 12, 2008  
 January 12, 2009  
 February 12, 2009  
 March 12, 2009  
 April 13, 2009  
 May 12, 2009  
 June 12, 2009  
 July 13, 2009  
 August 12, 2009  
 September 15, 2009  
 October 13, 2009  
 November 13, 2009  
 December 14, 2009  
 January 12, 2010

**RECOUPMENT (6)**

December 18, 2008  
 January 16, 2009  
 February 16, 2009  
 March 19, 2009  
 April 16, 2009  
 May 19, 2009  
 June 18, 2009  
 July 17, 2009  
 August 19, 2009  
 September 17, 2009  
 October 19, 2009  
 November 18, 2009  
 December 17, 2009  
 January 19, 2010

**TIMELY NOTICE (7)**

December 19, 2008 \*  
 January 20, 2009  
 February 17, 2009  
 March 20, 2009 \*  
 April 17, 2009  
 May 20, 2009  
 June 19, 2009 \*  
 July 20, 2009  
 August 20, 2009  
 September 18, 2009 \*  
 October 20, 2009  
 November 19, 2009  
 December 18, 2009  
 January 20, 2010

**MN/SSI-RELATED MEDICAID REVIEW MAIL (8)**

December 20, 2008 \*  
 January 21, 2009  
 February 18, 2009  
 March 21, 2009 \*  
 April 20, 2009  
 May 21, 2009  
 June 20, 2009 \*  
 July 21, 2009  
 August 21, 2009  
 September 19, 2009 \*  
 October 21, 2009  
 November 20, 2009  
 December 21, 2009  
 January 21, 2010

**ABC CUT-OFF (9)**

December 23, 2008  
 January 23, 2009  
 February 20, 2009  
 March 24, 2009  
 April 23, 2009  
 May 21, 2009  
 June 23, 2009  
 July 24, 2009  
 August 24, 2009  
 September 23, 2009  
 October 23, 2009  
 November 19, 2009  
 December 23, 2009  
 January 22, 2010

**PENDING RELEASE AND CHECK WRITE (10)**

December 24, 2008  
 January 26, 2009  
 February 23, 2009  
 March 25, 2009  
 April 24, 2009  
 May 22, 2009  
 June 24, 2009  
 July 27, 2009  
 August 25, 2009  
 September 24, 2009  
 October 26, 2009  
 November 20, 2009  
 December 24, 2009  
 January 25, 2010

**CHECK MAIL (11)**

December 31, 2008  
 January 31, 2009 \*\*  
 February 28, 2009 \*\*  
 April 1, 2009  
 May 1, 2009  
 June 1, 2009 \*\*  
 July 1, 2009  
 July 31, 2009  
 September 1, 2009  
 October 1, 2009  
 October 31, 2009 \*\*  
 December 1, 2009  
 December 31, 2009  
 February 1, 2010

\* Denotes there will be a Saturday mailing. Documents created in Friday night's processing.

\*\* Denotes Saturday mailing. Documents created before Friday night, but must be held and mailed on Saturday so clients receive documents/checks at the right time.

**ABC SYSTEM USERS****SUBJECT: ABC SYSTEM DATES**

1. The date IFPN reviews are mailed.
2. The date in-cycle RRED and TM Quarterly Reports are mailed.
3. The due date for in-cycle RRED.
4. The last date to make tracking entries to prevent automatic cancellation. System cancellations are processed after the daily ABC entries.
5. The mail date of the NOCs and TM reminder letters generated by MRTL.
6. Recoupment transactions are processed.
7. The last day to enter transactions requiring timely notice without having them pend until after ABC cutoff, to be effective for the second future calendar month. This includes medical cancellations and transactions entered with these actions.
8. The date zero spenddown MN/SSI-related Medicaid reviews are mailed.
9. The cutoff date for regular transactions to affect the next month. Automatic cancellations due to expiration of FA, MN, or IowaCare certification periods, or TM eligibility, are processed to be effective for the next calendar month. Income and resource records are "rolled forward." Automatic changes (ending sanction and disqualification periods, cancellations for FIP age 19) are processed right after cutoff to be effective for the second future calendar month.
10. The date transactions that were pended for timely notice are released to be effective for the second future calendar month (the new "next" system month). This date is the first of the new system month in which data are both entered and processed. Date checks are written.
11. The date regular monthly FIP and State Supplementary Assistance checks other than RCF are mailed.

RC-0052 (Rev. 12/08)

For the current year's version of the chart *ABC SYSTEM DATES*, RC-0052, see the DHS Intranet eForms web page.

## **Review and Report Form Mailing**

For cases active after ABC cutoff, the following forms are printed based on system master file data as of ABC cutoff:

- ◆ *Family Planning Medicaid Review*, which is used for the annual recertification of the Iowa Family Planning Network.
- ◆ *Review/Recertification Eligibility Document (RRED)*, which is the review form for public assistance and FMAP and the Food Assistance recertification form.
- ◆ *Transitional Medicaid Notice of Decision/Quarterly Reports*, the quarterly report form.

The forms are mailed on the second day before the end of the calendar month. **Exception:** The *Family Planning Medical Review*, form 470-4071, is mailed the first day before the end of the calendar month. If this date is a holiday or a Sunday, the mailing date is the first workday before this date. For samples and instruction, see [6-Appendix](#):

- ◆ Family Planning Medicaid Review, Form 470-4071
- ◆ [Review/Recertification Eligibility Document, Forms 470-2881, 470-2881\(S\), 470-2881\(M\), and 470-4083\(MS\)](#)
- ◆ [Transitional Medicaid Notice of Decision/Quarterly Report, Forms 470-2663, 470-2663\(S\), and 470-2663\(MS\)](#)

## **Report Form Due Date**

RREDs sent in the regular cycle are to be returned by the fifth calendar date of the month following the month of mailing. If this date falls on a weekend or a state or federal holiday, the due date is the next workday.

## **MRTL Cutoff**

Cancellations are system-generated for households that, according to monthly reporting information in the ABC system, were required to return a complete RRED by the regular cycle's report form due date and failed to do so.

*Notices of Cancellation* are system-generated for FIP or Medicaid households that failed to return a form and are worker-generated for households that return incomplete forms. TM reminder letters are system-generated for households that failed to return quarterly reports.

MRTL cutoff is usually the fourth work day after the report form due date. It is scheduled to allow time for data entry and avoid unnecessary cancellations. This is the last day tracking entries can be made to prevent automatic cancellation and program generation of a *Notice of Cancellation*. Forms generated from the MRTL system run are identified with "MRTL" printed on the form. The cutoff for TM reporting is ABC cutoff.

## **Notice of Cancellation Mailing**

*Notices of Cancellation* and Transitional Medicaid *Quarterly Report Reminder* letters are mailed the first workday after MRTL cutoff day. See 6-Appendix, [Notice of Cancellation, Forms 470-0500, 470-0500\(S\), 470-1968, and 470-1968\(S\)](#) and [Transitional Medicaid Quarterly Report Reminder, Form 470-2716 and 470-2716\(S\)](#), for samples.

## **Recoupment**

"Recoupment day" is usually the last workday before timely notice day. The automatic processes on recoupment are ABC actions to:

- ◆ Begin or change reductions in benefits for recoupment of overpayments or overissuances.
- ◆ Generate Food Assistance calculations that have not yet been done for child support income records.

*Notices of Decision* are generated and mailed after recoupment for cases with benefits affected by these processes. Forms generated from the recoupment run are identified with "RECP" printed on the forms.

### **Timely Notice Day**

“Timely notice day” is the last workday that entries can be made in order for timely notice to be given before the first day of the next calendar month. Timely notice day is the workday immediately before the last mailing date for notices in the month that allows for the timely notice period. It allows ten calendar days to pass between that mailing date and the first day of the next calendar month.

Coding on each worker-entered transaction indicates whether timely notice is required if the data entered result in an adverse action. If timely notice is indicated, the system determines if timely notice can be given for the next calendar month.

If timely notice day has passed and policy requires timely notice, the entire transaction is pended to become effective for the second following month. Messages on the WAR1 and WAR2 screens alert you that the transaction was pended. The transactions that are pended are processed on pending release day.

You may change a pended transaction by deleting ALL transactions on the case and creating all appropriate transactions. This may require two steps if you need to enter the negative Medicaid transaction.

### **MN/SSI-Related Medicaid Review Mailing**

The *Medicaid Review*, form 470-3118 or 470-3118(S), is generated for Medically Needy cases with zero spenddown and SSI-related Medicaid cases that have reviews due the following month and is mailed the day following “timely notice day.”

**ABC Cutoff**

“ABC cutoff day” is the sixth working day before the end of the calendar month. After ABC cutoff and before the end of the calendar month, system entries to change benefits on ongoing cases affect the second future calendar month.

ABC cutoff allows time for preparation and mailing of benefits, RREDs, TM Quarterly Reports, and identification cards. Various reports and printouts are processed and distributed after ABC cutoff.

At ABC cutoff, the system performs these actions that affect cases:

- ◆ Food Assistance cancellation when the certification period expires with the current calendar month.
- ◆ IowaCare cancellation when the certification period expires with the current calendar month.
- ◆ Medicaid cancellation when system-tracked extended medical eligibility period or Medically Needy certification period ends with the current calendar month.
- ◆ “Rolling” of income and resource data to the working area of the system for the new “next system month.”
- ◆ Transfer of summary income data from the previous system month to the history area of the system. (This history area is not accessible to system users.)
- ◆ Change of the person’s status code when a Food Assistance disqualification period will expire with the coming month. This causes recalculation of benefits for the new “next system month.”
- ◆ FIP cancellation for the new “next system month” of children who will be 19 years old on or after the second day of the coming month and before the second day of the new “next system month.”
- ◆ Medicaid cancellation when the program has been in an automatic redetermination aid type for two months.

- ◆ Change of the person's status from 'R' to 'N' when the lump-sum period of ineligibility has ended.
- ◆ Medicaid actions when children or adults ages reach program milestones.
- ◆ Aid type changes due to ages of the participants or other case data.

**Note:** Before February 23, 2006, the ABC system deleted cases that had been canceled or denied from all programs for two years (except for cases that were sanctioned, disqualified, or closed due to lump-sum income).

### **Pending Release Day**

Transactions that were pended because timely notice was required are held until the first workday of the new system month after the system month in which they were entered. The transactions are then released and processed as though they had been entered on that day.

Pended transactions affect all entries made with the pending transaction or while the case is in pended status except for transactions made in Section II on the TD01 screen.

Transactions made in Section II on the TD01 screen will process while a case is pending.

The phone number, located in Section I on the TD01 screen, also processes while the case is pending but will appear to be pended. When you view the master file, you will see that the phone number has been changed to the number you entered.

## **Output of System-Generated Actions**

The ABC system creates output based on the worker-generated or system-generated transactions for the specified program run. The chart below identifies the name of the processing run job, the output produced from that run, and gives information on what is displayed on the output. An asterisk (\*) indicates output not accessible to users.

<b>OUTPUT OF SYSTEM-GENERATED ACTIONS</b>	
<b>JOB RUN</b>	<b>OUTPUT FROM JOB RUN</b>
Daily Run	<p>WARs</p> <p>Notices of Decision generated from the daily run are printed with "DALY" on the lower left portion of the form. The three-digit notice reason codes are printed by the word "DALY."</p> <p>CALC results sheets from the daily run are printed with "DALY" on the upper RIGHT portion of the sheet.</p> <p>NOC</p> <p>IND *</p> <p>CASE *</p> <p>Earnings Letters</p> <p>RREDs: "DALY" is printed on these.</p> <p><i>Transitional Medicaid Quarterly Reports</i></p> <p>SSI Reminder Letters</p> <p>TXNS</p> <p>TD *</p>
MRTL Run	<p>Notices of Cancellation generated from the MRTL run are printed with "MRTL" on the lower LEFT portion of the form.</p> <p>WARs (when one program is canceled but other programs are not)</p> <p>Notices of Decision generated from the MRTL run are printed with "MRTL" on the lower LEFT portion of the NOD. The three digit notice reason codes are printed by the word "MRTL."</p> <p>CALC results sheets from the MRTL run are printed with "MRTL" on the upper RIGHT portion of the CALC.</p>

JOB RUN	OUTPUT FROM JOB RUN
Recoupment Run	<p>CALC result sheets</p> <p>CASE &amp; IND *</p> <p>IND *</p> <p>WARs</p> <p>Notices of Decision generated from the recoupment run are printed with "RECP" on the lower LEFT portion of the form. The three-digit notice reason codes are printed by the word "RECP."</p> <p>TXNS</p> <p>TD *</p>
Month-End Run (with ABC cutoff)	<p>WARs</p> <p>Certification expirations</p> <p>Medically Needy</p> <p>Food Assistance</p> <p>IowaCare</p> <p>Notices of Decision generated from the month end run are printed with "MEND" on the lower LEFT portion of the form. The three-digit notice reason codes are printed by the word "MEND."</p>
SANC Run (after month end but before the next daily processing)	<p>WARs</p> <p>Automatic cancellation</p> <p>Annual issuance history report</p> <p>Removal of person records due to death</p> <p>Resetting of good cause for the next month</p> <p>Activation people whose disqualification is over</p> <p>Cancellation of FIP "over-age" child</p> <p>Cancellation of extended Medicaid</p> <p>Notices of Decision generated right after the month end run but before the next daily processing are printed with the lower LEFT portion of the NOD. The three digit notice reason codes are printed by the word "SANC."</p> <p>CALC results sheets</p> <p>CASE &amp; IND *</p> <p>IND *</p> <p>TD *</p> <p>TXNS</p>

JOB RUN	OUTPUT FROM JOB RUN
LBP Run	Notices of Decision generated from the limited benefit plan run are printed with "LBP" on the lower LEFT portion of the form. The three-digit notice reason codes are printed by the word "LBP."
Recalculations for Mass Program Changes	Notices of Decision generated from the system-generated run are printed with "MASS" on the lower LEFT portion of the form. The three-digit notice reason codes are printed by the word "MASS." CALC results sheets
Buy-In Run	TDs Notices of Decision generated from the system-generated run are printed with "BUYIN" on the lower LEFT portion of the form (for facility cases or if Food Assistance benefits change).

## **SYSTEM PREPARATION AND PROCESSING OF DATA**

The following sections explain how the system treats:

- ◆ [Case numbers and state identification numbers](#)
- ◆ [Entry on multiple screens](#)
- ◆ [Entry reasons](#)
- ◆ [Status codes](#)
- ◆ [Individual records](#)
- ◆ [Applications](#)
- ◆ [Rolling data to TD03](#)

### **Case Numbers and State ID Numbers**

Case numbers are kept on the master file permanently. (Before February 23, 2006, the ABC system deleted cases that were canceled or denied for all programs after two years.) Dropped case information can be viewed on the DCAS screen. See 14-B(4), [DROPPED CASES ON-LINE DISPLAY](#).

The individual records are retained in the state identification (ID) portion of the file. The original state ID number is retained. Do not reuse a case number that comes up without data on TD01.

Reuse the case number only if:

- ◆ The case name is that of the applicant, and
- ◆ That person is shown on TD07.

The ABC system currently has the following limits:

- ◆ A person (identified by the state ID number) can be associated with only **six cases** and;
- ◆ A specific case can only have **16** people associated with it.

You will get a fatal WAR if adding a person to a case exceeds either limit.

### **Entry on Multiple Screens**

If a change requires the entry of data on more than one screen, you must enter all related data, so that the data are processed as one action. This same rule applies to each month included in the approval of an application.

When income and deduction data from BCW2 are not entered with the program and individual data for an application, the ABC system assumes that there are no income or deductions to be considered for the benefit month. Enter data on resource screens (RSCF, RSCA, RSCM, or RSCS), and child support screens (ICSC, REFER1 and REFER2) as appropriate.

### **Entry Reasons**

Entries to the ABC system on the TD01, TD02, TD03, TD04, TD05, BCW1, and BCW2 screens require entry reason codes. These codes describe the reason for preparing the entries and determine whether timely notice considerations apply. See [14-B-Appendix](#) for valid codes for each entry reason field.

If entry reason “G” is used and a transaction is pended, **all** data entered on the system at the same time (except data entered in Section II on the TD01 screen) are pended, even if other entry reasons indicate that the data entered must take effect immediately. See [Pending Release Day](#) for instructions.

The “one time” entry reason (“P”) is the exception; it will not pend. The “send notice only” reason (“R”) is not compatible with any other entry reasons. It must be entered separately.

## **Status Codes**

“Status” codes indicate the condition of a program, or a person’s condition on a program. These conditions include:

- ◆ Active
- ◆ Not active
- ◆ Sanctioned
- ◆ Suspended
- ◆ Pended

Status codes are used in conjunction with entry reasons. Status codes of “A,” “B,” or “C” are usually used with entry reasons “A,” “B,” or “C,” respectively. See [14-B-Appendix](#) for lists of the status codes and their meanings for each program.

## **Individual Records**

Each person who applies for or is considered for benefits has a single record in the ABC system, regardless of the number of cases with which the person is associated. The “individual” record contains the following information about a person:

- ◆ Identifying data, including name, date of birth, sex, religious beliefs, social security number, and state identification number
- ◆ Status on programs for which the person is considered
- ◆ Earned and unearned income
- ◆ Deductions
- ◆ Demographic data

A person’s program status on TD03 specifies the person’s program participation, by case.

Because there is a single individual record, entry of demographic and BCW data potentially affects all cases that a person is associated with. **Exception:** The person number (PER) code and the relationship (REL) code are case-specific.

Entry of income data on the BCW screens for the person’s state identification number updates the person’s income record as directed by the program indicator (PI), eligibility/benefit indicator (E/B), and benefit month (BEN MO) fields. Income data are program-specific.

Individual records are removed after notice coding indicates that a person has died. The state ID record is retained. If the notice coding was entered in error, the person can be added back to the case as a new person using the original state ID.

By program, individual income records are not rolled forward after:

- ◆ The person has been closed for two months or
- ◆ The person has been denied in the month.

### **Applications**

When a program application is required for eligibility decisions, entry reasons “E” or “A” must be entered. Enter approval decisions with status code “A” for applications. When an eligibility decision does not require a program application, entry reason “C” is entered with a status code of “C.”

### **Rolling to TD03**

Rolling of data from the program sections to the program sections for people in TD03 occurs when the system can determine which people are affected by a program action. The data that roll are status codes, dates, and (when a program is opened, reopened, or closed) notice reason codes.

Approval entries roll to people previously coded as pended in the program individual status fields. Negative entries roll to people previously coded as active or pended in the program individual status fields.

## **ELIGIBILITY DETERMINATION AND BENEFIT CALCULATION**

In order to perform eligibility and benefit calculation, the ABC system needs information about the income and resources to be considered, the people to be considered, and the months affected by these entries. Calculations occur when income, resources, need, or deductions are changed by worker entries or by system-generated actions.

The system does not perform every calculation needed to determine eligibility and benefits for every program. Workers must do some calculations required to determine benefit amounts or amounts of countable income and deductions to be entered in the ABC system.

Workers shall:

- ◆ Determine the amounts of:
  - Client participation for subsequent facility placements in the same month.
  - Countable self-employment income.
  - Monthly case deductions.
  - Monthly countable income from lump-sum income.
  - Reimbursable medical transportation expenses.
  - Special allowances.
  - State Supplementary Assistance grants.
- ◆ Determine amounts owed by the client. (You can compute the benefits that should have been granted for Food Assistance on the Scratch Pad system if before the current system month.)
- ◆ Determine the amounts of income and deductions to be attributed to the eligible Food Assistance household of people ineligible because of their citizen or alien status or because they failed to provide or apply for a social security number without good cause.
- ◆ Determine the amounts of income attributable to the self-supporting parent or legal guardian of an unmarried specified relative under age 18 from the spouse of the parent or guardian.
- ◆ Determine eligibility for:
  - Food Assistance emergency service.
  - Child Care Assistance.
  - Title IV-E financial participation.
  - Medicaid expanded specified low-income Medicare beneficiary (E-SLMB) cases.
  - Medicaid qualified disabled working people (QDWP) cases.
  - Medicaid qualified Medicare beneficiary (QMB) cases.
  - Medicaid specified low-income Medicare beneficiary (SLMB) cases.
  - SSI-related Medicaid for people who are ineligible for SSI or State Supplementary Assistance due to specific circumstances. (See 8-F, [People Ineligible for SSI \(or SSA\).](#))
- ◆ Determine eligibility and benefit amounts for months earlier than those the system will calculate.
- ◆ Determine eligibility and countable income for a married couple sharing the same room of a facility when both are eligible for Medicaid. (The system can calculate client participation based on countable income.)

- ◆ Determine eligibility and spenddown amounts of Medically Needy cases.
- ◆ Determine Food Assistance emergency service eligibility.
- ◆ Determine income eligibility for MEPD using form 470-3686, *MEPD Income Worksheet*.
- ◆ Determine income eligibility for Medicaid for Kids with Special Needs using form 470-4632, *Medicaid for Kids with Special Needs*.
- ◆ Determine the disqualification period for divesting of resources.
- ◆ Determine the remaining transitional Medicaid months if the 12-month cycle has been interrupted by an incorrect cancellation.
- ◆ Do the Food Assistance 165% test to determine household composition when an elderly and disabled person buys and fixes food with others. See 7-C, [Elderly Members Who Are Disabled](#).
- ◆ Re-examine the work transition period for Medicaid eligibility.

Except as noted above, the ABC system determines financial eligibility, benefit level, and client participation using countable income, countable resources, household members' status codes, and fund codes.

The individual's program status code and the unborn code on TD03 determine household size for some Medicaid coverage groups. When the system completes the financial eligibility determination, it changes the worker-entered active status code to a denied or canceled status if countable income or resources exceed program limits.

Coding may also indicate that the worker's approval decision is to be accepted without calculation. Worker entry to deny eligibility usually reflects worker decisions on nonfinancial eligibility factors.

The following sections explain:

- ◆ [What individuals are considered for ABC calculations](#)
- ◆ [What months are affected by system calculations](#)
- ◆ [System calculations related to resources](#)
- ◆ [System calculations related to income](#)
- ◆ [System outputs for calculation results](#)

## **Individuals Considered**

To calculate financial eligibility, benefit level, and client participation, the ABC system requires information on individuals. Every person whose income or presence is considered and every person who is counted as part of the assistance unit must have an individual record for the program.

The program indicator determines for which program the income and deductions are to be used. The program indicators are:

- A FIP
- B Food Assistance
- C Medical Assistance
- D Facility, State Supplementary Assistance, or Waiver

The person's status codes for all programs and the person's fund code for Medicaid, State Supplementary Assistance, facility, and waiver services are used when determining whether the person is:

- ◆ Part of the assistance unit or
- ◆ Part of the unit which has income and deductions considered for eligibility determination or benefit calculations.

## **Months Affected by Entries**

Different months are affected by entries for an application than for an ongoing case.

**Note:** For Food Assistance, financial calculations are not done for months past the Food Assistance end certification month or the Food Assistance limit date.

## **Case Approvals**

The first month for which an application is processed is determined by the worker-entered eligibility date in the program section of the TD screens. BCW1 Food Assistance deduction entries are required for each month in the application process that includes Food Assistance. BCW2 screens are required for each month with income.

BCW, RSCF, RSCA, RSCM, and RSCS screens may be entered for two prior system months, the current system month, and the next system month. For facility cases, only one prior system month entry is allowed.

Additional prior-month BCW screens may be entered for FMAP-related retroactive Medicaid to a maximum of four months earlier than the worker-entered program eligibility date. Program policy allows three months-retroactive Medicaid from the application date. The fourth month referred to here is the month of application when the eligibility date is in a different (later) month.

BCW1 special allowance entries are not attached to a particular benefit month and affect the months in the application process as appropriate to their one-time or ongoing designation.

### **Ongoing Cases**

The first month affected by TD screen program section entries and entries to remove individuals is the next system month, unless timely notice requirements delay the effective date. The first month affected by TD screen entries to add a person is determined by the start date entered by the worker.

BCW1 special allowance entries affect the current system month or the next system months as specified by coding in the first position of the type fields. The first month affected by BCW1 Food Assistance deduction entries, BCW2 income entries, RSCF Food Assistance resource entries, and RSCA FIP resource entries, is the month entered in the benefit month fields, unless timely notice requirements delay the effective date.

For ongoing cases, the benefit month entered on the RSCF, RSCA, RSCM, RSCS, BCW1 and BCW2 screens are the “current system month” or the “next system month.” For BCW1 and BCW2 screens, “future month” entry is allowed.

### **Resource (RSC) Records**

Resource records are required on approvals, reinstatements and reopening, so they must be entered if not present. After subtracting the monthly income from the liquid resource amounts, enter countable Food Assistance resources on RSCF, FIP resources on RSCA, Medicaid resources on RSCM, and facility, State Supplementary Assistance, and waiver resources on RSCS.

RSCF, RSCA, RSCM, and RSCS data can be entered either when the program is pending or when it is approved. Data can be changed in the same way as income and deductions on ongoing cases. Resources are rolled forward in the same way as BCW1 and BCW2 records. RSC records are case-specific, not individual-specific.

The system allows entry of resource months on an application from the program positive date month through the next system month, with a maximum of four months. Ongoing programs are allowed entry of the current and next system month's resource records. Error messages are produced for:

- ◆ Too few months
- ◆ Too many months
- ◆ Months outside those allowed

The system compares the total resource amounts to the program resource limits, before income testing. Resource tests are not done for the Food Assistance program for months past the Food Assistance end certification month or the Food Assistance limit date, whichever is earlier.

### **Income Records**

Enter income on the BCW2 screens for each individual by benefit month. The system holds the amounts on the individual master file for BCW1 and BCW2.

#### **Grants as Income**

The ABC system uses the system-calculated FIP or Refugee Cash Assistance grant, except for special allowances, as income in Food Assistance calculations. Changes in grant amount, including grant cancellations, cause calculation of Food Assistance benefits in the same day's processing.

When the FIP program has data coded in the TD02 FIP LIMIT DT field, the FIP grant will not be used for Food Assistance benefit calculation beyond the month coded in the TD02 FIP LIMIT DT field.

**Maximum for Deductions**

The Food Assistance calculation allows only the applicable maximums when worker-entered deductions exceed these maximums. Therefore, workers should enter all allowable expenses without reference to maximum or minimum amounts. The exception is the child care deduction.

The Food Assistance and medical calculations also cannot determine the maximum child or disabled adult care amount. Therefore, enter the allowable child care expense or the maximum expense, whichever is less.

## **Calculation Results**

The system generates form 470-0485, *Notice of Decision*, when:

- ◆ Applications are approved or denied.
- ◆ Programs are canceled.
- ◆ Programs are reinstated.
- ◆ Benefit amounts are changed by worker entries or system action.

When a prior or current month fails the income or resource tests, but there is ongoing program eligibility, the word “denied” is used in the notice of decision grid.

A calculation result is printed when:

- ◆ Applications are approved or denied.
- ◆ Programs are canceled.
- ◆ Programs are reinstated.
- ◆ Benefit amounts are changed by worker entries or system action.
- ◆ The income or resource tests for a month result in ineligibility for the program for that month.

See [Output of System-Generated Actions](#) for information on the job runs that may produce a calculation result.

## **BCW Processing**

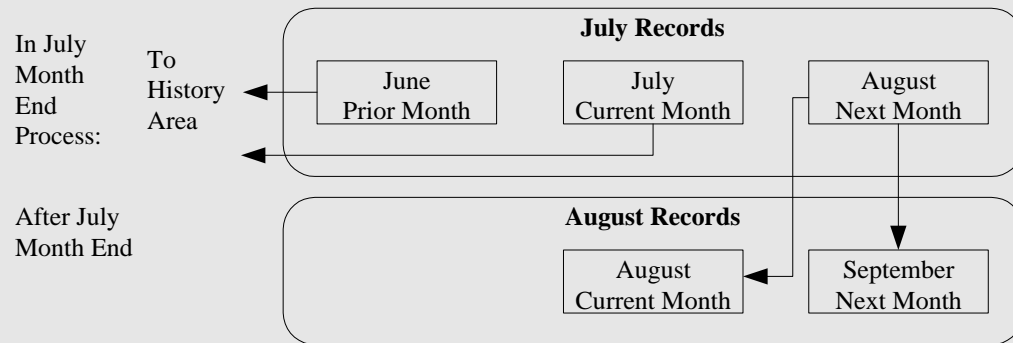
When an application has been processed with income or deduction entries, the working area of the system has income data as entered for:

- ◆ Prior system months,
- ◆ The current system month, and
- ◆ The next system month.

When ABC cutoff processing is complete, the income or deduction data for the prior system months and the former “current system month” are no longer displayed or used by the system. The income data from the former “next system month” are copied to the new “next system month” and retained for the new “current system month.” This process occurs for all BCW income and deduction records. Example:

A June application is approved before ABC cutoff in July. The case has income and deductions for all months in the application process (June through August). When the application processing is complete, the working area of the ABC system has individual BCW records for June (a prior month), July (current month) and August ("next month").

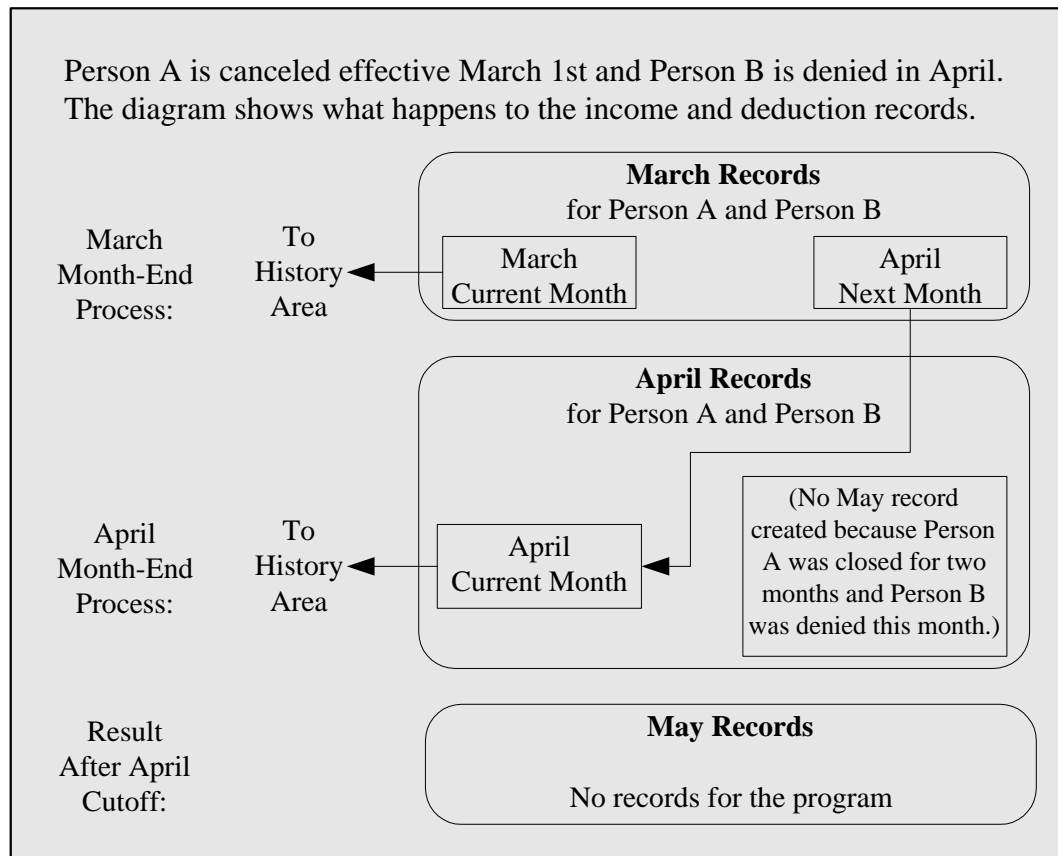
Processing at July ABC cutoff copies and relabels these BCW records as follows:



BCW1 food assistance deductions are included in this process.

BCW1 special allowance data are not included in this process but remain for the case, until removed by a worker entry.

When a person has been closed for a program for two months or a person is denied for a program during the system month, the person's income and deduction records for that program are not rolled forward to create a new "next system month" record. Example:



When BCW entries are made to recalculate "current system month," the BCW records for current month and the next system month are updated unless you enter the correct BCW for the next month.

When BCW1 entries are made to determine eligibility for the Transition Medicaid Coverage program or to recalculate the Transition Medicaid coverage program that was canceled in error.

The following chart summarizes the entries required to create or change BCW1 Food Assistance deductions and BCW2 income and deduction records. The months are system months.

Action	BCW1 Food Assistance Deductions	BCW2 Income and Deductions
Application processing	Each month in the application process, from the positive date through current month and next month, for a <b>maximum</b> of four months.	Each month with income in the application process, from the positive date through current month and next month.  If retroactive medical is applicable, up to four months before the positive date, making a <b>maximum</b> of four months without retroactive, eight months with retroactive.
Change to an ongoing case with BCWs	Next system month.	Next system month.
Recalculation of current month	Current month only, if current month and next month deductions are the same.  Current month and next month, if the deductions for the two months are different.	Current month only, if current month and next month income are the same.  Current month and next month, if the income for the two months is different.
Recording reported change	Enter a “future month” BCW.	Enter a “future month” BCW.

The system limits the number of BCW records to 24 per state ID number and the number of BCW records per case to 40. **Note:** The “E” E/B indicator record and the “B” E/B indicator record for each applicable program each count as one record.

## **AUTOMATED NOTICES**

The ABC system provides automated generation of client notices with messages to advise applicants or recipients of their current status or of pending changes to assistance. These include:

- ◆ Forms 470-0485 and 470-0485(S), *Notice of Decision*, issued to approve, deny, change, cancel, or reinstate assistance.
- ◆ Forms 470-0500 and 470-0500(S), *Notice of Cancellation*, issued to cancel FIP and FMAP-related Medicaid when system entries indicate that a report was not received timely.

These notices provide applicants and recipients with “adequate notice” or “timely notice” of case actions. (See [Adequate vs. Timely Notice](#).) The ABC system cannot generate a *Notice of Decision* in some situations. Instructions in case action chapters specify when a manually prepared notice is necessary.

In most situations, the ABC system generates a *Notice of Decision* based on the worker’s entry of one or more three-digit codes in the reason code fields on the TD screens or the CASE RSN field on BCW screens. The system can also generate a *Notice of Decision* without entry of a notice code. (See [Generation of Notices](#).)

The ABC system also prints notices for the Emergency Assistance system, EBT system, the Family Planning Waiver (FPW) system, and the managed health care system, including health maintenance organizations (HMOs) and MediPASS. Emergency Assistance notices and EBT notices are listed in [14-B-Appendix](#). Managed health care notices are discussed in 14-C. Family planning waiver notices are discussed in [14-C\(1\)](#).

Notices are produced during the nightly batch run and dated with the anticipated mailing date. They are mailed from central office. At the same time the notice is generated and mailed, the worker’s copy is forwarded to the local office.

The envelopes in which notices are mailed carry this message: “*Keep this envelope for proof of mailing date. You may need it later if you file an appeal.*” Notices are mailed on the date printed on the notice, if possible. When circumstances prevent mailing on that date, the envelope message serves to protect clients’ appeal rights.

## **Generation of Notices**

In nearly all cases, the ABC system automatically generates notices. Generally, notices are generated as the result of specific combinations of aid types, entry reasons, status codes, and notice reason codes.

Generic reason message codes may be entered on any program line. Other notice reason codes may be entered only on those program lines for which they are designated. These distinctions are noted in the list of messages in 14-B-Appendix, [NOTICE CODES](#).

Only two notice reason codes per program may be entered on a program line (on TD02 for Food Assistance and FIP or on TD05 for Medicaid and State Supplementary Assistance). When two notice reasons are entered, the system places the conjunction “and” between the two messages.

Only one reason code may be entered on BCW screens. When a reason code is entered at the person level (on the TD03 screen), the person’s first name is inserted at the beginning of the reason message if the message has space for a name.

A notice is generated whenever you make entries on the TD, BCW, or MRTL screens that approve, deny, change, cancel, or reinstate assistance. **Exception:** When you enter an “I” on the MRTL screen, you must prepare and send the *Notice of Cancellation*.

To prevent generation of a notice, enter “000” in the notice reason field (or, for facility cases, enter “X” in the facility indicator (FI) field).

Notices can also be produced automatically by the system. Entry of TD or BCW screen data nearly always results in a notice being generated. You may need to make an entry to prevent a notice from being generated.

For certain combinations of entry reason and status codes, the reason field entry is edited to prevent incomplete notices. The following table summarizes the results of this validation process.

If entry reason and status are...	and reason entry is...	the result is...
A or C with M	Blank	Error
B with B	Invalid code	Error
G, or H with E	000	No notice is issued.
G or H with I	Valid code	The notice is issued as coded.
G, H, M, or N with N		
R with blank	Blank	Error
	Invalid code	Error
	000	Error
	Valid code	The notice is issued as coded.

## **Notice Content**

Messages for the *Notice of Decision* are made up of:

- ◆ Primary header
- ◆ Notice reason or
- ◆ Stand alone notice statements

Any single *Notice of Decision* may contain one primary header and three case-specific messages for each program. The notice may also contain one person-specific message per person per program. This may result in a multiple-page notice. Messages inform the client of additional pages of the same notice.

The primary headers are created by either:

- ◆ Worker-entered notice reason codes, or
- ◆ Other worker-entered codes on TD or RSC or BCW screens, or
- ◆ System programming codes that determine the headers that appear on the notice.

There are seven categories of primary headers:

- ◆ Approval
- ◆ Denial
- ◆ Change
- ◆ Cancellation
- ◆ Reinstatement
- ◆ Miscellaneous (codes 100-through 199).

The notice reason is the end of a completed approval, denial, change, cancellation, or reinstatement message. The worker or the system chooses which notice reason will appear. Worker choices are entered on TD or BCW screens. Usually worker-entered and system-determined messages are printed on the same notice.

Employees' Manual and administrative rule citations are attached to the notice reason. When you enter a multiple-program notice reason code, the system generates the correct citation, based on the program. (See 14-B-Appendix, [NOTICE CODES](#), for the text of all ABC notice messages.)

For application and reinstatement decisions, a benefits grid is used to communicate decisions on current and prior months in the application or reinstatement process. Another grid lists household members and indicates program information.

The benefits grid lists the months in the application or reinstatement process that had a benefit decision. The approval decision for each month is displayed as the benefit amount or, for Medicaid, "approved." All denied decisions are displayed as "denied."

A printout shows the calculation used to establish eligibility, ineligibility, or the benefit level for the next (ongoing) month. Computations displayed on the right hand side of the *Notice* are for either the next (ongoing) month or for the month which caused a denial decision. The computation is labeled with the applicable month and year. Messages on the notice direct the applicant or participant to the calculation.

### **Adequate vs. Timely Notice**

Automated notices have system-determined effective dates. These dates are based on the date on which entries are made causing changes on a case, and the actions taken.

For an ongoing program, the effective date printed on the notice is the first day of the following system month, except when:

- ◆ A recipient of public assistance or residential care has died, or
- ◆ A recipient has moved from a medical or residential facility.

Notices are printed with the anticipated mailing date of the notice. Actions requiring timely notice must be entered into the system at least one work day before the month's ten-day notice date in order to be effective for the following month. The last day to make entries that require timely notice effective the following month is called "timely notice day." The following table illustrates the time limits to consider:

<b>Length of Month</b>	<b>10-Day Notice Day</b>	<b>Timely Notice Day</b>
28	18	17
29	19	18
30	20	19
31	21	20

Intervening weekends and holidays sometimes lengthen the time required. Refer to *ABC System Dates Chart*, form RC-0052, for current timely notice dates. See Outlook/Public Folders/All Public/State Approved Forms/Income Maintenance/RC-0052.

When entry reason "G" (change requiring timely notice) is used after timely notice day, the system holds all changes entered with the transaction until the first day of the next system month. At that time, a notice regarding the pending action is generated with the applicable effective date.

The system will not accept most changes during this pending period. It will accept an address change, or a phone number change on TD01. Workers can delete all transactions pending for timely notice.

Medicaid cancellations are always pended for timely notice when entered after timely notice day and before ABC cutoff, regardless of the entry reason used. See [Pending Release Day](#) for additional information.

When Medicaid cancellations would result from other actions entered after timely notice day, the system generates a notice regarding all the changes other than medical cancellations, effective for the first of the following month. A Worker Action Report (WAR) message informs the worker of the pended medical action.

The system holds Medicaid changes to be effective the first of the second following month until the first day of the next system month. Once the first working day of the next system month has passed, a notice regarding the pended Medicaid action is generated.

## **QUALITY ASSURANCE**

The Quality Assurance Unit is part of the Division of Data Management. Its function is to provide support for users of automated systems. Quality Assurance works closely with the Systems and Programming Bureaus and the Operations Unit in ensuring use of correct operating procedures in day-to-day use of the system. Quality Assurance staff:

- ◆ Process user identification actions
- ◆ Handle microfiche
- ◆ Work with electronic benefit transfer transactions
- ◆ Cross-reference state identification numbers
- ◆ Handle returned warrants and IowaCare cards
- ◆ Work with for Medicaid for employed people with disabilities premiums

**Note:** For Food Assistance cases, the Division of Fiscal Management performs many of these functions instead of Quality Assurance.

When updates to the medical eligibility system are needed, contact Quality Assurance by using the *Request for Special Update*, form 470-0397.

When updates to the facility system are needed, contact the SPIRS Service Help Desk.

## **Entries Restricted to Quality Assurance**

Only Quality Assurance shall input certain items into the ABC system. Instructions for these are as follows:

- ◆ Cancellation of warrants. Use form 470-0271, *Quality Assurance Transmittal*, to request cancellation of a warrant. If a client returns a warrant to the county office, attach the yellow copy of form 470-0009, *Official Receipt*, and send both forms to Quality Assurance. See 6-Appendix, [Quality Assurance Transmittal, Form 470-0271](#), for a form sample and instructions.
- ◆ One-time special allowance exceeding \$1,800. To request the allowance, attach a memo with case and income information to form 470-0271, *Quality Assurance Transmittal*. Do not enter any more information on the case until the information for the special allowance transaction is updated on ABC and reviewed. See 6-Appendix, [Quality Assurance Transmittal, Form 470-0271](#), for a form sample and instructions.
- ◆ State ID cross-reference. Send form 470-0271, *Quality Assurance Transmittal*, to request cross-referencing of state identification numbers. See 6-Appendix, [Quality Assurance Transmittal, Form 470-0271](#), for a form sample and instructions.
- ◆ Changes to Medicaid eligibility file (SSNI). See 6-Appendix, [Request for Special Update, Form 470-0397](#).
- ◆ Certain updates to electronic benefit transfer records. (See 14-J, [EPPIC™ ELECTRONIC BENEFITS TRANSFER SYSTEM](#).)
- ◆ Premium payments for Medicaid for employed people with disabilities.
- ◆ Certain updates to managed health care cases.
- ◆ Certain updates to the facility systems.
- ◆ Refund issuance for Medicaid for employed people with disabilities cases.

### **Returned Warrants**

Warrants that the Postal Service finds undeliverable are usually returned to Quality Assurance. (In certain counties, the Postal Service returns them directly to the county office.)

Quality Assurance checks the ABC system to determine if a new address has been entered. If so, the warrant is immediately remailed to the new address unless it is an out of state. Warrants are not mailed to an out-of-state address unless the IM worker either specifies this in TD01 INFO field or sends an e-mail to Quality Assurance. Please note in month and year of the warrant to be remailed.

When the address is not different from that on the warrant, Quality Assurance sends a message to the worker indicating that the warrant has been returned. The worker needs to determine the client's status.

- ◆ When the warrant is to be remailed to the **same** address, call or send a memo to Quality Assurance.
- ◆ When the mailing address has changed, enter the new address into the ABC system immediately. Quality Assurance checks each morning for address changes on returned warrants. A new address will result in the warrant being remailed.

Quality Assurance will not send a warrant to a different address based on a phone call or memo. The address must be on the system. Quality Assurance staff confirm phone calls or letters from recipients regarding warrants with the worker before acting on warrants.

### **Missing Warrants**

Do not attempt contact with Quality Assurance regarding the whereabouts of unreceived warrants until the **seventh working day** after scheduled mailing of the warrant.

**Exception:** When there is definite evidence that the warrant has been stolen, make "Stop Payment" requests immediately.

When contacting Quality Assurance about a missing warrant, specify whether it is a monthly or daily issuance. "Monthly" means a warrant authorized before cutoff date for the following month. "Daily" means a warrant authorized for immediate payment before cutoff date for the following month.

**Note:** Entries for warrants (new approvals and reinstatements) after cutoff for the next month are not issued immediately, but are held to be released for printing the first working day of the next month and mailed the second working day of the month. For a daily issuance, give Quality Assurance the date of the corresponding *Notice of Decision*.

Only the Department of Revenue can issue duplicate or replacement warrants. See 23-E, [ISSUANCE OF DUPLICATE OR REPLACEMENT WARRANTS](#), for more information on the procedures to follow when a warrant is reported lost or stolen.

### **“Pulled” Warrants**

Quality Assurance will “pull” a warrant for foster care maintenance cases after cutoff based on a phone call up until noon of the first working day of the month.

FIP and other income maintenance warrants are not “pulled” after cutoff except upon authorization from the Division of Field Operations Support. This authorization is granted only in emergencies or when it is established that policy was followed but due to administrative error or computer malfunction, an incorrect warrant is being issued.

## **SYSTEM FORMS**

The following forms are either generated by ABC system processes or are used to communicate regarding system issues. See [6-Appendix](#) for sample forms and detailed instructions.

### **Family Composition, 470-0275**

The ABC system generates the *Family Composition* form whenever a worker makes a referral to the Bureau of Refugee Services, the Division of Vocational Rehabilitation Services in the Department of Education, or the service unit. The form is sent to the other agency or unit at the time of original referral entry and under designated circumstances.

### **Lost Form Request, 470-0272**

When certain system-generated forms are not received or are received and misplaced, it is possible to obtain replacements. A replacement document has the sequence number of the last document.

Use form 470-0272, *Lost Form Request*, to request replacement forms from the MMIS Medically Needy subsystem. If screens LF01 and IEV2 are not available, you can also use this form to request forms from:

- ◆ The Income and Eligibility Verification System (IEVS).
- ◆ The ABC system.

### **Medicaid Review, 470-3118 or 470-3118(S)**

The ABC system generates form 470-3118 or 470-3118(S), *Medicaid Review*, for review or recertification of SSI-related Medicaid, Medically Needy with zero spenddown, or State Supplementary Assistance. The forms are system-generated on cases in designated aid types that have reviews due the following month.

The forms are mailed the day following timely notice and have a due date of ten days after the mailing date. The ABC system displays code “S” in the ADULT MED SENT field on the BH01 screen to indicate that a form was sent. The system automatically removes the “S” code after timely notice the following month (the month the review was due.)

You may also prompt the system to issue the form or issue it manually. The form contains instructions for completion and informs clients of their rights and responsibilities.

### **Notice of Automatic Computer Action or Posting, 470-0273**

The ABC system sometimes generates form 470-0273, *Notice of Automatic Computer Action or Posting*, when the system modifies case information or processing without an entry from the worker. Retention information is printed on the bottom of the form. The form may have child support or Food Assistance information.

### **Notice of Cancellation, 470-0500 or 470-0500(S)**

The ABC system generates form 470-0500 or 470-0500(S), *Notice of Cancellation*, to cancel FIP or FMAP-related Medicaid cases when system entries indicate that a report was not received timely. The system-generated version is a laser-printed document completed from the ABC database. A manual version, form 470-1968, is also available.

### **Notice of Decision, 470-0485 or 470-0485(S)**

The ABC system generates form 470-0485 or 470-0485(S), *Notice of Decision*, to approve, deny, change, cancel, or reinstate assistance. The system-generated version is a laser-printed document completed from the ABC database. The completed form contains the heading and title, address, notice language, and appeal rights. See [AUTOMATED NOTICES](#) for more information about how the notice is generated and its contents.

### **Quality Assurance Transmittal, 470-0271**

Form 470-0271 is used to request the Quality Assurance Unit of the Division of Data Management to cancel a warrant, issue a one-time payment, or cross-reference a state identification number.

### **Review/Recertification Eligibility Document, 470-2881 or 470-2881(S)**

The ABC system generates form 470-2881 or 470-2881(S), *Review/Recertification Eligibility Document* (RRED), for use as:

- ◆ An application for subsequent certification for Food Assistance, and
- ◆ The review document for participants of FIP, Refugee Cash Assistance, and FMAP-related Medicaid.

You may also prompt the system to issue the form or issue it manually. The form contains instructions for completion and informs clients of their rights and responsibilities.

### **Transitional Medicaid Notice of Decision/Quarterly Income Report, 470-2663 or 470-2663(S)**

The ABC system generates form 470-2663 or 470-2663(S), *Transitional Medicaid Notice of Decision/Quarterly Income Report*, for use by transitional Medicaid participants to report, eligibility factors required to be reviewed on a quarterly basis. It also transmits the appropriate message regarding the participant's continued transitional Medicaid eligibility.

The form is generated after ABC cutoff for all active transitional Medicaid cases in the third, sixth, and ninth months of transitional Medicaid benefits.

The system can also issue the form at other times in the month when entries are made to request an out-of-cycle issuance. This may be done only in the fourth, seventh, and tenth months of transitional Medicaid benefits and only for the current reporting period.

## **SYSTEM-GENERATED REPORTS**

The ABC system regularly generates computer printouts. If you receive a report that belongs to another county, **do not throw it away**. Forward it to that county.

The program name abbreviations are the same on all the reports:

- ◆ CCA Child Care Assistance
- ◆ FS Food Assistance
- ◆ FIP Family Investment Program
- ◆ FCA Foster care or subsidized adoption
- ◆ FAC Facility, State Supplementary Assistance, Waiver
- ◆ MED Medicaid
- ◆ MEPD Premium reviews

Explanation of the reports is divided into three groups:

- ◆ [Caseload management reports](#)
- ◆ [Food Assistance reports](#)
- ◆ [Other reports](#)

### **Caseload Management Reports**

The system generates the following reports for use by workers, supervisors, and administrators.

#### **S470C398-A, CCA Warrant Report**

The monthly Child Care Assistance *CCA Warrant Report*, S470C398-A, identifies state child care payments issued for the current month and the previous month. The report runs on the last working day of the month and includes only Food Assistance, FIP, and Medicaid cases that have a recertification or review due in the next month.

Use this report when processing recertifications and revisions. The report contains: the report month and year, supervisor's number (e.g. CMA0), county number, worker number (e.g. CMA1), case number, case name, CCA payee state identification number, warrant amount, and mailing date. Consider the benefit amounts on this report as verified income.

REPORT ID: S470C398 - A

IOWA DEPARTMENT OF HUMAN SERVICES

PAGE: ZZZ,ZZZ9

CCA WARRANT REPORT

ABC REPORT MONTH XXXXXXXXXXXX, 9999

DATE: 99/99/9999

THIS PRINTOUT CONTAINS A LIST OF STATE CCA WARRANTS MAILED DURING THE PAST 2 CALENDAR MONTHS.

THIS LIST IS BEING PROVIDED TO ASSIST THE IM WORKER RESPONSIBLE FOR THE INDIVIDUAL'S CASE, AND

FOR THE SUPERVISOR FOR CASE READING PURPOSES, TO ASSURE STATE CCA WARRANT INCOME IS CONSIDERED.

SUPERVISOR: XXX COUNTY: XX WORKER: XXXX

CASE NUMBER	CASE NAME	CCA PAYEE STATE ID	AMOUNT	MAILED DATE
-----	-----	-----	-----	-----
XXXXXX-XX-X-X	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX	ZZZ,ZZ9.99	99/99/9999
XXXXXX-XX-X-X	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX	ZZZ,ZZ9.99	99/99/9999
XXXXXX-XX-X-X	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX	ZZZ,ZZ9.99	99/99/9999
XXXXXX-XX-X-X	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX	ZZZ,ZZ9.99	99/99/9999

### **S470C607-A, Review/Recertification Due**

The "607 report" is a monthly list of recertifications and reviews required on active or suspended programs in the next two calendar months after ABC cutoff. Cases automatically canceled at ABC cutoff due to expiration of a Medically Needy certification period are listed at the end of each report.

Recertifications and reviews for program reinstatements after ABC cutoff are not included, so these must be handled manually. MEPD reviews also are not listed.

This report can be used for:

- ◆ Scheduling of reviews.
- ◆ Local office mailing of facility, foster care, or subsidized adoption review documents. (*Review/Recertification Eligibility Documents* and *Medicaid Reviews* are mailed automatically from central office just before the month in which the recertification or review is due.)
- ◆ Selecting Medically Needy cases for transfer to closed record filing, as determined by the local office.

The printed report is issued only to the worker. Keep only the most current copy. An electronic microfiche copy is centrally located in the Division of Data Management.

The data on the report are, from left to right, below the heading: aid type, case last name above case number, case first name above phone number, case middle initial, address line 1, payee (for facility cases only), address line 2, city, state abbreviation, five-digit zip code, and program review information.

Program review information includes a program name abbreviation, the corresponding active or suspended program status code, the month in which the recertification or review is due, and a “current” or “next” month designation for the action that is due.

“Current” and “next” refer to the system months immediately after ABC cutoff. For Medically Needy certification cases, the designation in the status column is “expired.”

#### **S470C607-A, Report 617 MEPD Premium Reviews**

The “617 report” is a monthly list of active cases with a review due for MEPD. Cases canceled as of ABC cutoff do not appear on the list and must be manually handled.

The data on the report are from left to right, below the heading: aid type, case last name above case number, case first name above phone number, case middle initial, address line 1, payee (if applicable), address line 2, city, state abbreviation, five-digit zip code and program review information.

The program review information includes a program name abbreviation, the corresponding active or suspended program status code, the monthly reporting code, the last month of the annual premium period, and a “current” or “next” month designation for the action that is due.

“Current” and “next” refer to the last month of a premium period. Cases needing review for MEPD appear as “current” on the list after cutoff of the eleventh month of the current premium period.

In order for correct premium information to be on the billing system and a correct billing statement to be mailed, MEPD reviews must be completed and the new premium amount entered on the system by cutoff of the twelfth month of the current premium period.

When entering the new premium period on TD05, be certain to begin the new premium period (LAST REV on TD05) with the month following the month listed as “current.” Add eleven months to determine the last month of the new premium period (enter in NEXT REV on TD05).

### **S470C608, Monthly Eligibility Case List**

The “608 report” is a monthly list of all ABC cases with any active, pending or suspended programs as of the end of the calendar month.

The data on the report are, from left to right below the heading: case last name, case first name, case middle initial, case number, aid type and program information. This program information includes a program name abbreviation, and the corresponding active, pending or suspended program status code. When a program status is pended, application dates are printed under “Pending Since.”

Health coverage code data are printed for facility cases when the code indicates private health insurance. The remaining individual data, printed for people who are active, pending, or suspended in at least one program, are:

- ◆ Client participation
- ◆ Health coverage code
- ◆ State ID number
- ◆ The first name
- ◆ The last name
- ◆ The five individual program status codes:
  - “F” for Food Assistance
  - “A” for FIP or Refugee Cash Assistance
  - “M” for Medicaid
  - “FA” for facility
  - “FC” for foster care or subsidized adoption

For people enrolled for alternate delivery of Medicaid, the applicable provider code is listed under “HMO.”

The hard copy report is issued only to the caseworker. Keep only the most current copy. A microfiche copy is filed in the Quality Assurance Unit of the Division of Data Management.

Example of report 470C608:

470C608	IOWA DEPARTMENT OF HUMAN SERVICES	RUN DATE	MM/DD/YY
REPORT 608	MONTHLY ELIGIBILITY CASE LIST FOR	PAGE	1 OF COUNTY XX
	COUNTY OF	PAGE	1 OF WORKER XXXX
		PAGE	2
CASE NAME	CASE NUMBER	AID TYPE	CTL PROGRAM OVER PENDING HLTH INDIVIDUAL STATUS
			C/O ST DUE SINCE CP COVG STATE ID FIRST LAST F A M FA FC HMO
XXXX XXXXXXXX	XXXXX-XX-X-XX-X	XX X	X XXXX XXXXXXXX XXXX XXXX X X X XX XX XXX
FOOD STAMP: XXX.XX WARRANTS M & N: XXX.XX WARRANTS Z: XXXX.XX			

### **470C609, Monthly Eligibility Management Report**

The “609 report” is a comprehensive monthly summary of work completed in the last month and caseload demographics for the coming month. The report is produced at the end of each calendar month for caseworkers, units, offices, counties, and the state.

The letter which follows “470C609” indicates the content and distribution: “A” for worker, “B” for unit, “C” for office, “D” for county and state. A copy of the “D” report is sent to the service area for each county. Keep only the most current copy. A microfiche copy is filed in the Division of Data Management’s Unit of Quality Assurance.

The report is divided to include both unduplicated and duplicated case counts.

- ◆ In the unduplicated part, a case counts in only one program category according to the hierarchy of the programs, in order from left to right.
- ◆ In the duplicated part, a case counts in each applicable program category.
- ◆ Medicaid that accompanies FIP, facility, foster care, or subsidized adoption eligibility is not counted in either part.

Example of report 470C609:

470-C609-A-D	IOWA DEPARTMENT OF HUMAN SERVICES					RUN DATE	XX/XX/XX				
REPORT 609	MONTHLY ELIGIBILITY MANAGEMENT REPORT FOR XXXXX					PAGE	1				
XXXXX	COUNTY AREA OFFICE	COUNTY OF				COUNTY/WKR	/XXXX	SERVICE AREA	X		
*****UNDUPLICATED*****					*****DUPLICATED (EXCLUDING MEDICAL) **						
TOTAL FIP FACILITY FOSTER CARE MEDICAL FOOD STAMP* FIP FACILITY FOSTER CARE MEDICAL FOOD STAMP											
CASE INFORMATION						*					
TOTAL CASES						*					
FIP						*					
FIP, RRP						*					
FIP-UP						*					
FIP-UP, RRP						*					
FIP MEDICAL						*					
FIP, RRP MEDICAL						*					
FIP-UP MEDICAL						*					
FIP-UP, RRP MED						*					
RRP						*					
SSI						*					
ICF, RECEIVE SSI						*					
ICF, SSI IF HOME						*					
ICF, 300% GROUP						*					
MHI						*					
RCF						*					
MEDICALLY NEEDY						*					
IHHRC						*					
SNF						*					
HOSPITAL						*					
FOOD STAMP (09)						*					
QMB						*					
MAC						*					
MAC, RRP						*					
IowaCare						*					
MIYA						*					
Kids with Special Needs						*					
OTHER						*					
PENDING CASES						*					
TOTAL CASES						*					
ACTIVE FOOD STAMP						*					
ACTIVE MEDICAL						*					
SUSPENDED CASES						*					
WORK DUE						*					
RV/RC DUE THIS MO						*					
RV/RC OVERDUE						*					
WORK DONE LAST MONTH						*					
RV/RC COMPLETED						*					
APPLICATIONS						*					
APPROVALS						*					
REINSTATEMENTS						*					
REOPENS						*					
DENIALS						*					
NON-RRED CANCELS						*					
RRED CANCELS						*					
EXPIRATION OF CERT						*					

### Columns and Rows

The column headings refer to ABC program line data, as follows:

- ◆ FIP data are from the FIP section on TD02.
- ◆ Facility data are from facility fields on TD05.
- ◆ Food Assistance data are from the Food Assistance section on TD02.
- ◆ Foster care data are from TD04.
- ◆ Medical data are from TD05 medical data on Medicaid not received in conjunction with FIP, facility, foster care, or subsidized adoption eligibility.

The rows under “Case Information” total the active cases according to aid type.

The aid types included each subheading are:

FIP	30-0, 30-2, 30-4, 32-8
FIP, RRP	31-0, 31-4
FIP-UP	33-8, 35-0
FIP-UP, RRP	31-5
FIP Medical	30-M, 30-8, 34-1, 37-A, 37-0, 37-1, 37-2, 37-3, 37-7, 38-0, 39-0
FIP, RRP Medical	31-A, 31-C, 31-1, 31-2, 31-6, 31-7, 37-4, 38-1
FIP-UP Medical	34-2, 35-8, 37-B, 37-5
FIP-UP, RRP Med	31-B, 31-D, 31-8, 31-9
RRP	06-0, 06-1, 06-2, 06-3
SSI	10-M, 10-0, 14-0, 14-2, 14-3, 14-4, 14-6, 20-M, 20-0, 24-2, 24-3, 24-4, 24-5, 24-6, 50-0, 54-6, 60-M, 60-0, 64-0, 64-2, 64-3, 64-4, 64-6
ICF, receive SSI	13-1, 23-1, 53-1, 63-1, 63-3, 63-8
ICF, SSI if home	13-0, 23-0, 53-0, 63-0, 63-2, 63-7
ICF, 300% group	13-6, 23-6, 63-6, 73-2, 73-3
MHI	13-7, 13-8, 37-7, 73-5
RCF	13-4, 13-5, 23-4, 23-5, 53-4, 53-5, 63-4, 63-5
Medically Needy	37-E, 37-F
IHHRC	14-1, 24-1, 64-1
SNF	73-1
Hospital	73-4

Food Assistance	09-0, 09-1
QMB	90-0, 90-1, 90-2
MAC	92-0
MAC, RRP	91-0
Iowa Cares	60-E, 60-P
MIYA	37-6
Kids with Special Needs	64-7

The rows under “Pending Cases” show the number of cases with programs in pended status within the column program categories and then list the numbers of those cases also active for Food Assistance or Medicaid.

The “Suspended Cases” row shows the numbers of suspended cases in the column program categories.

The “Work Due” rows show the numbers of cases with next review dates (where DHS reviews are required by policy) and Food Assistance END CERT dates equal to the new current month and reviews overdue from the last months.

The “Work Done Last Month” rows show the number of cases according to certain criteria. All completed application, reinstatement, and review or recertification activity is counted.

Other activity is counted according to the priority reflected by the descending number order of the rows.

When the priority condition is met, a case is included in this row:		if:
1.	RV/RC completed	A new last review or Food Assistance certification was entered when the program action was not an approval or reopening.
2.	Applications	A program was pended, approved or denied
3.	Approvals	A program application was approved.

**SYSTEM-GENERATED REPORTS****Caseload Management Reports**

Revised February 6, 2009

Iowa Department of Human Services

**Title 14** Management Information**Chapter B** Automated Benefit Calculation System

When the priority condition is met, a case is included in this row:		if:
4.	Reinstatements	Entry reasons B or D were used to reinstate a program.
5.	Reopens	A program was reopened with entry reason C and status C.
6.	Denials	A program was denied due to worker entry or for failure to file a complete report form.
7.	Non-RRED cancels	A program was canceled, sanctioned, or suspended and the reason code was not 086, 087, 113, 114, or 115.
8.	RRED cancels	A program was canceled and the reason code was 113, 114, or 115.
9.	Expiration of cert	A program was canceled and the reason code was 086, 087, or 089.
For other case counts, a case is included in this row:		if:
	Stepparent	FIP is active on TD02, and any person on the program has an individual status code H.
	Farmers on FS	Food Assistance is active on TD02 and the FSI code is 1.
	Elderly/Dsld FS	Food Assistance is active on TD02 and the FST code is N.
	Income	Any active, pended, suspended, or considered person has BCW income.

Cases are counted for the types of income listed in the rows below the "Income" row when BCW coding corresponds to the type of income described.

### **S470D649, Applications Pending**

The unit version of the “Applications Pending” report (S470D649-A) includes these data, from left to right: case name, aid type, case number, the programs for which an application is pending, the entry reason used to record the application as pending, the date of application, the “range of days pending” category in which the application is classified, and the worker number.

The service area version (S470D649-B) reports the number of applications pending for each “range of days pending” category, by program and aid type.

Keep only the most current unit version. A microfiche copy is filed in the Division of Data Management’s Unit of Quality Assurance.

S470D649-A		COUNTY OF XXXXXXXXXX			AS OF DATE MM/DD/YY	
		APPLICATIONS PENDING			SERVICE AREA 7	
					PAGE 1 UNIT CMA	
					PAGE 1	
CASE NAME	AID	CASE		APPLICATION	DAYS	WORKER
XXXXXXXXXX XXXXX X	TYPE	NUMBER	PROGRAM	DATE	PENDING	
	XXX	XXXXXX XX XX	XXXXXXX	XX XX XX	XX	XXXX

### **S470C421, Worker Action Report**

The Worker Action Report is produced on-line after each ABC update and on paper at month-end. It contains information that may require worker actions. Worker Action Report messages are accompanied by a three-digit code. This code can be used to locate more information in [14-B-Appendix](#).

Month-end processing produces system-generated tickler or reminder messages. The messages and the criteria for their production are listed in [14-B-Appendix](#).

Date-specific, worker-entered tickler messages are printed on the Worker Action Report for the date which corresponds to the due date requested by the worker. Quality Assurance staff use the tickler system to document ABC central office entries or to request an action by the worker.

Keep documentation of the message until all appropriate worker actions have been completed. A microfiche copy of each report is filed in the Division of Data Management’s Quality Assurance Unit.

**SYSTEM-GENERATED REPORTS****Caseload Management Reports**

Revised November 18, 2003

Iowa Department of Human Services

**Title 14** Management Information**Chapter B** Automated Benefit Calculation System

S470C421	IOWA DEPARTMENT OF HUMAN SERVICES			DALY	PAGE	1
REPORT ABC WAR	WORKER ACTION REPORT			DATE	MM/DD/YY	
CASE						MSG
NUMBER	NAME	ORGIN	DATE ENTERED	MESSAGE		CODE
XXXXX-XX-X-X	XXXXXXXXXX	XXXXX X	XX XXXXXX XXXX			XXX

**S470C460-A, Nonfatal Error Summary for Supervisors**

The ABC system generates the “Nonfatal Error Summary for Supervisors” report weekly. It contains information on all cases that have had an uncorrected nonfatal error.

Nonfatal errors are displayed on the Worker Action Report screens until the case is corrected, the error is deleted, or a five-day period has passed, whichever is first. The cases with non-fatal errors are then listed on this report for supervisory information and follow-up. Keep the most recent report.

The data on this report are, from left to right, below the headings: case number, a delete column which displays a “D” in the row if the error was deleted, identifying information, field description, data entered, the message code, the severity of the error, the error date, and the user ID. Information on errors is found in [14-B-Appendix](#).

**S470C460-B, Fatal Error Summary for Supervisors**

The ABC system generates the *Fatal Error Summary for Supervisors* weekly. It contains information on all cases that have an uncorrected fatal error.

Fatal errors continue to be displayed on the Worker Action Report screens until deleted or corrected. The cases with remaining and deleted fatal errors in a five-day period are listed on this report for supervisory review. Keep the most recent report.

The data on this report are, from left to right, below the headings: case number, a delete column which displays a “D” in the row if the error was deleted, identifying information, field description, data entered, the message code, the severity of the error, the error date, and the user ID. Information on errors is found in [14-B-Appendix](#).

### **S470C467-A, Transactions Over Two Weeks Old**

The ABC system generates report S470C467-A weekly for supervisors. It contains information on all cases that have had unsuccessful entries made into the system beginning at least two weeks previously. Supervisors can use this report to monitor workers that are having difficulty with successful updates to the ABC system.

The data on this report are, from left to right, below the headings: case number, types of transaction, state ID number if applicable, benefit month for benefit calculation, program identifier for benefit calculation, worker number assigned to case, entry date, worker number during the entries, and the last date an entry was made on the transaction. Keep the most recent report.

### **S470D435-A, Case Workers by County Within Service Area**

The ABC system generates report S470D435-A monthly for supervisors. It lists the worker numbers included in the WKER system table. The numbers of all staff with worker numbers assigned for casework and all staff with user ID numbers must be in the WKER system to be valid. See [14-B\(4\)](#) for more information.

The data on this report are, from left to right, below the headings: worker ID (worker number), worker name, supervisor name, effective date of worker number assignment, worker phone number, and ABC update.

If the word “yes” appears in the row under “ABC update,” the worker is authorized to make entries to update the ABC system. If the word “no” appears in the row under “ABC update,” the worker is not authorized to make entries but can view ABC data. Keep the most recent report.

S470D435		IOWA DEPARTMENT OF HUMAN SERVICES				PAGE No 1	
		CASE WORKERS BY COUNTY WITHIN SERVICE AREA				PROCESS DATE MM/DD/YY	
WORKER ID	WORKER NAME	SUPERVISOR NAME		EFFECTIVE DATE	WORKER PHONE NUMBER	ABC UPDATE	
XXXX	XXXXXXXXX XXXX X	XXXXXXXXX XXXX X		XX XX XX	XXX XXX XXXX	XXX	

**Food Assistance Reports**

With the exception of J470F505C, *Daily Food Stamp Issue Register*, and J470F517C, *Monthly Food Stamp Issue Register*, keep all Food Assistance reports in this section until the Division of Fiscal Management advises you that they can be destroyed. This notice is issued periodically through a circular letter.

**J470F505C, Daily Food Stamp Issue Register**

The *Daily Food Stamp Issue Register* lists all cases that have been issued Food Assistance in the daily processing. It is used for reference purposes, such as determining if benefits were issued to a household. It is produced daily.

Microfiche is retained for 25 years and is available electronically for central office staff. Central office staff can contact the Division of Data Management's Quality Assurance Unit for access.

**J470F517C, Monthly Food Stamp Issue Register**

The *Monthly Food Stamp Issue Register* lists all ongoing certified cases that have been issued Food Assistance in the monthly processing. It is used for reference purposes and is produced in county number order arranged alphabetically.

Microfiche is retained for 25 years and is available electronically for central office staff. Central office staff can contact the Division of Data Management's Quality Assurance Unit for access.

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### **S470F562, Food Stamp Participation Report (FNS-256)**

The “Food Stamp Participation Report” provides a count of the number of people and households participating in the Food Assistance Program in a month and the total benefits issued. The report is used in compiling the monthly FNS-256 report.

The report has three parts all with similar format. Part A shows data for counties. Part B shows data for areas. Part C shows statewide total data. Records are selected from the food stamp history file, which contains a record for each issuance of Food Assistance. The records are selected based on issue date, not effective date.

For example, the report for April shows counts based on:

- ◆ Daily issuance with 4/1 through 4/30 entered on the system as issue date. Processing is delayed until the fifth working day of the following month to allow for late entries.
- ◆ Monthly issuance for April that is initiated by March month-end processing.

Number of Households is the total number of cases with an issuance of benefits based on these criteria. Aid type will be determined by the first issuance of the month.

Number of Persons is the accumulated value of the household size for the cases selected. The household size is determined by the first issuance of the month.

Public Assistance vs. Non-Public Assistance: The aid type on the case determines whether it is considered PA or non-PA. FIP cases are counted under the “Public Assistance” column. All other cases are counted under the “Non-Public Assistance” column. Non-PA cases are divided between Food Assistance-only cases and all others, to help identify people receiving only Food Assistance.

Total Value of Coupons: The value of all Food Assistance issued during the month is accumulated and shown on this line for the records counted in the column.

Total Poverty Population is a constant figure based on the Federal Register.

Percent Participating is the comparison between the total number of persons shown on the report and the total poverty population. The figure is rounded to the nearest percent.

**SYSTEM-GENERATED REPORTS****Food Assistance Report**

Revised October 7, 2005

Iowa Department of Human Services

**Title 14** Management Information**Chapter B** Automated Benefit Calculation System**S470F529, Multiple Food Stamp Authorizations Control Report**

The ABC system generates report S470F529, “*Multiple Food Stamp Authorizations Control Report*,” on the fifth working day of the month. The IM worker in the local office, Quality Assurance, and the designee in the Division of Fiscal Management receive a copy of the report.

This report identifies Food Assistance households that have been issued potentially invalid combinations of multiple issuances with the same effective date. Each household is listed on a separate printout page.

The IM worker shall reconcile all issuances listed on the report and take appropriate action before the first working day of the following month, as follows

- ◆ Review each household listed to determine whether an overissuance occurred.
- ◆ Mark the applicable preprinted response and sign the report.
- ◆ If an overissuance **did** occur, establish a claim.
- ◆ If an over-issuance **did not** occur, explain why multiple issuances were recorded.
- ◆ Upon completion of the report, send the report to the Division of Fiscal Management, Bureau of Purchasing, Payments and Receipts.

Example of report S470F529:

S470F529		STATE OF IOWA MULTIPLE FOOD STAMP AUTHORIZATIONS CONTROL REPORT MONTH OF      XX/XX				DATE OF RUN XX/XX/XX PAGE NO.			
REGION XX	COUNTY XX	WORKER		XXXX					
CASE NUMBER XXXXXX-XX-X	NAME & ADDRESS (MOST CURRENT ADDRESS)		PREVIOUS CTY WRKR XX XXXX	ISSUE DATE XX/XX/XX	EFF. DATE XX/XX	CONTROL NUMBER XXXXXX	ISSUE CODE XXXX	STAMP AMOUNT XXX.XX	EBT IND X
<input type="checkbox"/> CLAIM HAS BEEN ESTABLISHED AND A COPY OF THE PA-2228-0, OVERPAYMENT/ RECOUPMENT INFORMATION INPUT, IS ATTACHED: _____									
_____									
<input type="checkbox"/> CLAIM HAS NOT AND WILL NOT BE ESTABLISHED FOR THE FOLLOWING REASON: _____									
_____									
SIGNATURE OF PERSON FILLING OUT FORM _____									

## Other Reports

### S470D124---A, Human Services Daily Claim Register

A “*Human Services Daily Claim Register*” lists all the authorized warrants for immediate issuance, such as new approvals and special allowances. Microfiche is available electronically for central office staff. Central office staff can contact the Division of Data Management’s Quality Assurance Unit for access.

### S470D133---Q, Human Services Monthly Register

The “*Human Services Monthly Register*” includes all warrants to be issued on a monthly basis through the ABC System. Included are FIP, Refugee Cash Assistance, foster care maintenance, and State Supplementary Assistance warrants.

Microfiche is available electronically for central office staff. Central office staff can contact the Division of Data Management’s Quality Assurance Unit for access.

Example of report S470D124-A:

S470D124- - A	DM SEC	STATE OF IOWA		PROCESS DATE	MM/DD/YY
REPORT CDS315		HUMAN SERVICES DAILY CLAIM REGISTER			PAGE 1
	AID	WARRANT AMOUNT	CANCEL AMOUNT	NO OF CASES	NO OF WARRANTS
	06	XXXXX.XX	.00	XXXX	XXX
	30	XXXXX.XX	.00	XXXX	XXX
	35	XXXXX.XX	.00	XXXX	XXX
		XXXXX.XX	.00	XXXX	XXX
	80	XXXXX.XX	.00	XXXX	XXX
TOTAL		XXXXX.XX	.00	XXXX	XXX

**S470D781---A, Refugee Aid-Type Detail Listing**

The “Refugee Aid Type Detail Listing” lists all refugees receiving a cash grant or medical assistance under an RRP aid type. Keep the most current list.

**S474M227 (M227R001A), Medical Eligibility**

The “Medical Eligibility” report lists all cases in the county eligible for Medicaid. It includes information on health coverage and medical eligibility for the previous 24 months. Keep the most current list. Microfiche is available electronically. One paper copy is distributed to the Division of Data Management’s Quality Assurance Unit and to state records.

Example of report S474M227:

S474M227				IOWA DEPARTMENT OF HUMAN SERVICES												PAGE NO.					
M227R001				MEDICAID MANAGEMENT INFORMATION SYSTEM												RUN DATE MM/DD/YY					
AS OF MM/DD/YY				MEDICAL ELIGIBILITY REPORT FOR												COUNTY XX					
LAST	FIRST	SEX	BIRTH	SDS	- CDS NUMBER -	DATE	HEALTH	JA	FB	MR	AP	MY	JN	JL	AG	SP	CC	NV	DC	WORKER	
NAME	NAME		DATE	NUMBER	CASE	FBU	PER	BEGIN	INS	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	CO	NO
								END		XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XXXX
XXXXX	XXXXXX	X	XMM/DD/YY	XXXXXXXX	XXXXX	XXX	XX	XX	MM/DD/YY	XXXX											
XX	-																				

**J470D177, Active Recipients Without Social Security Numbers**

The report “Active Recipients Without Social Security Numbers” lists the quarterly report of persons or cases that need to be checked for social security numbers. The report shows current data and is not intended to track from quarter to quarter. Keep the most current list. The report is generated as follows:

- ◆ J470D177--A is for the income maintenance (IM) worker.
- ◆ J470D177--B is for the IM supervisor.
- ◆ J470D177--C is for the service area.
- ◆ J470D177--D is for the Field Operations Support Unit (FOSU).

Example of the area report, J470D177--C:

J470D177	IOWA DEPARTMENT OF HUMAN SERVICES										PAGE
ACTIVE RECIPIENTS WITHOUT SOCIAL SECURITY NUMBERS, AS OF MM/DD/YY											
AREA COPY											
* IF THE ROW INCLUDES A NWBN CODE, CHECK IF THE CHILD IS ALMOST A YEAR OLD											
AREA X   CO XX											
WKR	CLIENT NAME	STATE ID	CASE NUMBER	FS ST DATE	FIP ST DATE	MEDICAL ST DATE	FUND	NWBN	CIT	BIRTHDATE	



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

October 16, 2001

## GENERAL LETTER NO. 14-B-11

ISSUED BY: Office of Policy Analysis, Division of Policy and Rule Integration

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT CALCULATION SYSTEM***, Title page, revised; Contents (pages 1 and 2), revised; Contents (page 3), new; pages 1 through 20, revised; and pages 21 through 56, new.

### Summary

This chapter is revised to reflect current system design and to include contents from the following obsolete chapters:

- ◆ Chapter 14-B(1), ***SYSTEM FORMS***.
- ◆ Chapter 14-B(2), ***COMPUTER-GENERATED REPORTS***
- ◆ Chapter 14-B(3), ***NOTICES***

See Title 6, Appendix, for samples of the following forms:

- ◆ *Family Composition*, 470-0275
- ◆ *Lost Form Request*, 470-0272
- ◆ *Notice of Cancellation*, 470-0500 (PA-4107-0)
- ◆ *Notice of Decision*, 470-0485 (PA-3102-0)
- ◆ *Public Assistance Eligibility Reports*, 470-0455 (PA-2140-0)
- ◆ *Quality Assurance Transmittal*, 470-0271 (DP-4024)
- ◆ *Review/Recertification Eligibility Documents*, 470-2881
- ◆ *Transitional Medicaid Notice of Decision/Quarterly Report*, 470-2663

### Effective Date

Upon receipt.

### **Material Superseded**

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Title Page	January 19, 1993
Contents (pages 1 and 2)	January 19, 1993
1-20	January 19, 1993

### **Additional Information**

Refer questions about this general letter to your regional benefit payment administrator.



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

May 7, 2002

## GENERAL LETTER NO. 14-B-12

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT  
CALCULATION SYSTEM***, pages 7, 8, 34, 35, 39, 42, 43, and 44, revised.

### Summary

This chapter is revised to:

- ◆ Change the facsimile of the ABC System Dates chart to reflect the 2002 dates.
- ◆ Update the information for the S470607-A, Report 617 MEPD Premium Reviews, due to a change in policy and procedures for premium billing and collection. Review months will be identified on this printout for a review in the fifth month of a premium period. Reviews will be conducted in the sixth month of a premium period.
- ◆ Correct a cross-reference.
- ◆ Change names to reflect the Department's organizational structure.
- ◆ Change the information under the section, "Entries Restricted to Quality Assurance" to show that Quality Assurance issues refunds to Medicaid for employed people with disabilities recipients.

### Effective Date

May 23, 2002

### Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

Page

Date

7, 8, 34, 35, 39, and 42-44

October 16, 2001

### Additional Information

Refer questions about this general letter to your service area income maintenance supervisor 2.



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

March 18, 2003

## GENERAL LETTER NO. 14-B-13

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT CALCULATION SYSTEM***, pages 7, 8, 19, 20, 24, 30, and 37, revised.

### Summary

This chapter is revised to:

- ◆ Update the example of RC-0052, *ABC SYSTEM DATES*, with the 2003 version.
- ◆ Remove references of Medicaid home-health expanded specified low-income Medicare beneficiary (HH-SLMB).
- ◆ Correct a cross-reference.
- ◆ Add information that the ABC system does not use the FIP grant as income for food stamps benefit calculation for the month after the month coded in the FIP LIMIT field on TD02.
- ◆ Remove incorrect cross-reference and the exception for food stamps under the heading, "Generation of Notices."

### Effective Date

Upon receipt.

### Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
7, 8	May 7, 2002
19, 20, 24, 30, 37	October 16, 2001

### Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

November 18, 2003

## GENERAL LETTER NO. 14-B-14

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT CALCULATION SYSTEM***, Contents (page 2), revised, and pages 7, 8, 25, 26, 29, 30, 35, 39, 44, 45, and 49 through 55, revised.

### Summary

This chapter is revised to:

- ◆ Update the example of the "ABC SYSTEM DATES" to the 2004 version.
- ◆ Remove the old form numbers from references to forms, 470-0485, *Notice of Decision*, and 470-0271, *Quality Assurance Transmittal*.
- ◆ Add reference to the "Automated Notices" section on the system-generated EBT (Electronic Benefits Transfer) EPPIC™ system notices that is located in 14-B-Appendix.
- ◆ Update the Department's organizational changes on descriptions and examples of reports that have been changed on the system.
- ◆ Add examples of reports, S470D649-A, *Application Pending*, and S470D435-A, *Case Workers by County Within Service Area*.
- ◆ Removal of food stamp reports, S470F505F, *Notice of Non-Mail Delivery (Daily)*, J470F505H, *Daily Register of Local Office Delivery*, J470F547, *Food Stamp Inventory Reconciliation Report*, and S470-F566, *Food Stamp Mail Issuance Report (FNS-259) Region*. These reports are either obsolete or will be obsolete in November of 2003 due to the system change to the EBT (Electronic Benefits Transfer) EPPIC™ system.

### Effective Date

Upon receipt.

### **Material Superseded**

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	October 16, 2001
7, 8	March 18, 2003
25, 26, 29	October 16, 2001
30	March 18, 2003
35, 39, 44	May 7, 2002
45, 49-56	October 16, 2001

### **Additional Information**

Refer questions about this general letter to your area income maintenance supervisor 2.



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

December 16, 2003

## GENERAL LETTER NO. 14-B-15

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT CALCULATION SYSTEM***, Contents (pages 1 and 2), revised; and pages 3, 4, 5, 9 through 14, 19 through 24, 29, 37 through 40, 43, 45, 47, 48, 52, 53, and 54, revised.

### Summary

This chapter is revised to:

- ◆ Change the program name for Food Stamps to the new name of 'Food Assistance' throughout the chapter.
- ◆ Add the definition of "FAIR" (*Food Assistance Interim Report*) to the chapter.
- ◆ Add to the definition of "NOC" a reference to Food Assistance simplified reporting cases.
- ◆ Add "FAIR" to the applicable sections under "ABC SYSTEM'S CYCLICAL MONTH."
- ◆ Update sections under "ELIGIBILITY DETERMINATION AND BENEFIT CALCULATION" to reflect current policies for food assistance.
- ◆ Add a new section, "Food Assistance Interim Report, 470-4026."

### Effective Date

December 1, 2003

### Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (Page 1, 2)	October 16, 2001
3-5, 9-14,	October 16, 2001
19, 20	March 18, 2003
21-23	October 16, 2001
24	March 18, 2003
29	October 16, 2001

37	March 18, 2003
38	October 16, 2001
39	May 7, 2002
40	October 16, 2001
43	May 7, 2002
45	November 18, 2003
47, 48	October 16, 2001
52-54	November 18, 2003

### **Additional Information**

Refer questions about this general letter to your area income maintenance supervisor 2.



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

June 8, 2004

## GENERAL LETTER NO. 14-B-16

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT CALCULATION SYSTEM***, Contents (page 2), revised; and pages 1, 10, 34, 35, 38, and 52 through 55, revised.

### Summary

This chapter is revised to:

- ◆ Remove the reference to the *Food Stamp Identification Card* from the chapter.
- ◆ Correct form numbers, cross-references, and chapter names.
- ◆ Change some references from "food stamps" to the current program name of Food Assistance.
- ◆ Change the Department's organizational names.

### Effective Date

Upon receipt.

### Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (Page 2)	December 16, 2003
1	October 16, 2001
10	December 16, 2003
34	May 7, 2002
35	November 18, 2003
38	December 16, 2003
52	November 18, 2003
53, 54	December 16, 2003
55	November 18, 2003

### Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

August 3, 2004

## GENERAL LETTER NO. 14-B-17

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT CALCULATION SYSTEM***, Contents (page 3), revised; page 55, revised; and page 56, new.

### Summary

This chapter is revised to add a new section for report J470D177, *Active Recipients Without Social Security Numbers*.

### Effective Date

Immediately.

### Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 3)	October 16, 2001
55	June 8, 2004

### Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

January 21, 2005

## GENERAL LETTER NO. 14-B-18

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, *AUTOMATED BENEFIT CALCULATION SYSTEM*, pages 7, 8, 27, 28, and 46, revised.

### Summary

This chapter is revised to:

- ◆ Update the example of form RC-0052, with the 2005 version of the ABC System Dates.
- ◆ Change some of the references from food stamps to Food Assistance.

### Effective Date

Upon receipt.

### Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
7, 8	November 18, 2003
27, 28, 46	October 16, 2001

### Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

April 1, 2005

## GENERAL LETTER NO. 14-B-19

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT CALCULATION SYSTEM***, Contents (page 3), revised; pages 6, 17, 52 and 54, revised.

### Summary

This chapter is revised to:

- ◆ Add warnings, informational, fatal and summary messages (WIFS) to the section, "Definitions."
- ◆ Add religious beliefs to the section, "Individual Records."
- ◆ Change the distribution of certain reports that are no longer printed or issued to local offices. These reports are retained electronically on microfiche for central office staff. Central office staff can contact the Division of Data Management's Quality Assurance Unit for access to:
  - J470F505C, Daily Food Stamp Issue Register
  - J470F517C, Monthly Food Stamp Issue Register
  - S470D124---A, Human Services Daily Claim Register
  - S470D133, Human Services Monthly Register

### Effective Date

Immediately.

### Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 3)	August 3, 2004
6, 17	October 16, 2001
52, 54	June 8, 2004

### Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

October 7, 2005

## GENERAL LETTER NO. 14-B-20

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT CALCULATION SYSTEM***, Contents (pages 2 and 3), revised; pages 54 through 56, revised; and page 57, new.

### Summary

This chapter is revised to add the description, instructions, and a sample of the report S470F529, *Multiple Food Stamp Authorizations Control Report*, under the section, "Food Assistance Reports."

### Effective Date

Immediately.

### Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	June 8, 2004
Contents (page 3)	April 1, 2005
54	April 1, 2005
55, 56	August 3, 2004

### Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

December 23, 2005

## GENERAL LETTER NO. 14-B-21

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT  
CALCULATION SYSTEM***, pages 7, 8, and 57, revised.

### Summary

This chapter is revised to:

- ◆ Update the example of form RC-0052, with the 2006 version of the ABC system dates.
- ◆ Change the example used for the report J470D177, *Active Recipients Without Social Security Numbers*, from the J470D177—A for income maintenance workers to the J470D177—C, service area version.

### Effective Date

Immediately.

### Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
7, 8	January 21, 2005
57	October 7, 2005

### Additional Information

Refer questions about this general letter to your area income maintenance administrator.



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

April 7, 2006

## GENERAL LETTER NO. 14-B-22

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT CALCULATION SYSTEM***, pages 11, 12, 15, 16, 29, and 30, revised.

### Summary

This chapter is revised to:

- ◆ Change the language in the sections, "ABC Cutoff" and "Case Numbers and State ID Numbers." Effective February 23, 2006, the ABC system no longer deletes case numbers that have been canceled or denied for all programs for two years.
- ◆ Add language in the section, "AUTOMATED NOTICES," to indicate that the ABC system prints the notices for the Family Planning Waiver (FPW) system. The notices for FPW are discussed in 14-C(1).

### Effective Date

Immediately.

### Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
11, 12	December 16, 2003
15, 16	October 16, 2001
29	December 16, 2003
30	November 18, 2003

### Additional Information

Refer questions about this general letter to your area income maintenance administrator.



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

November 10, 2006

## GENERAL LETTER NO. 14-B-23

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT CALCULATION SYSTEM***, Contents (page 2), revised; pages 19, 20, 38 through 42, and 46, revised; and page 42a, new.

### Summary

This chapter is revised to:

- ◆ Change all the references to "Food Assistance expedited service" to "Food Assistance emergency service." This change is to reflect current policy.
- ◆ Add a new section, "SYSTEM FORMS: Medicaid Review, Form 470-3118."
- ◆ Add the *Medicaid Review* form to the section, "Caseload Management Reports: S470C607-A, Review/Recertification Due."
- ◆ Add the omitted SSI aid type, 10-0, to the listing of aid types included on the 470C609, Monthly Eligibility Management Report.
- ◆ Change some names of forms to reflect current version.

### Effective Date

Immediately.

### Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	October 7, 2005
19, 20	December 16, 2003
38	June 8, 2004
39, 40	December 16, 2003
41	October 16, 2001
42	May 7, 2002
46	January 21, 2005

**Additional Information**

Refer questions about this general letter to your area income maintenance administrator.



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

February 23, 2007

## GENERAL LETTER NO. 14-B-24

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT CALCULATION SYSTEM***, Contents (pages 1, 2, and 3), revised; and pages 2, 3, 4, 5, 7 through 16, 19, 20, 23, 24, 28 through 32, and 37 through 41, revised.

### Summary

This chapter is revised to:

- ◆ Add the definition for "*Combined PAER/FAIR*" to the chapter.
- ◆ Change the definition for "MRTL" to include the *Combined PAER/FAIR*.
- ◆ Update the example of the "ABC SYSTEM DATES" to reflect the current year.
- ◆ Add references throughout the chapter to the new form 470-4387, *Combined PAER/FAIR*, as it relates to the system.
- ◆ Replace most references to "monthly reports" and with references to "quarterly reports." This change reflects the change in FIP policies effective January 1, 2007.
- ◆ Remove most references of "suspend" or "suspension" from the chapter. Effective January 1, 2007, the FIP policy on suspension was eliminated.
- ◆ Remove the FIP E/B indicator code of "P" from the chapter.
- ◆ Remove the entry reason code "D" from the chart under the section, "AUTOMATED NOTICES: Generation of Notices."

### Effective Date

Immediately.

### **Material Superseded**

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	December 16, 2003
Contents (page 2)	November 10, 2006
Contents (page 3)	October 7, 2005
2	October 16, 2001
3-5	December 16, 2003
7, 8	December 23, 2005
9	December 16, 2003
10	June 8, 2004
11, 12	April 7, 2006
13, 14	December 16, 2003
15, 16	April 7, 2006
19, 20	November 10, 2006
23, 24	December 16, 2003
28	January 21, 2005
29, 30	April 7, 2006
31, 32	October 16, 2001
37	December 16, 2003
38-41	November 10, 2006

### **Additional Information**

Refer questions about this general letter to your area income maintenance administrator.



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

August 10, 2007

## GENERAL LETTER NO. 14-B-25

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT CALCULATION SYSTEM***, Contents (page 2), revised; and pages 1, 2, 34, 41, 42, and 42a, revised.

### Summary

This chapter is revised to:

- ◆ Remove most references to the Medicaid eligibility card from the chapter. Beginning in mid-August of 2007, the ABC system will no longer be generating Medicaid eligibility cards. A new plastic annual Medicaid ID Card will be issued from a web-based system. The ABC system will continue to generate IowaCare cards.
- ◆ Add a new system-generated caseload management report, "S470C398-A, CCA Warrant Report," for Child Care Assistance. This report identifies state child care payments issued in the current and the previous month and is used when processing recertifications and reviews.

The report runs on the last calendar day of the month and includes Food Assistance, Family Investment Program, and Medicaid cases that have a recertification or a review due in the next month. Consider the benefit amounts on the report as verified income.

### Effective Date

Immediately.

### Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	February 23, 2007
1	June 8, 2004
2	February 23, 2007
34	June 8, 2004
41	February 23, 2007
42, 42a	November 10, 2006

### Additional Information

Refer questions about this general letter to your area income maintenance administrator.



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

October 12, 2007

## GENERAL LETTER NO. 14-B-26

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT CALCULATION SYSTEM***, Contents, (page 1), revised; and pages 4, 5, 23, and 24, revised.

### Summary

This chapter is revised to:

- ◆ Add the Spanish form numbers and change the language under the sections, "Definitions: "NOC" and "NOD."
- ◆ Change the language under the section, "Income Records," to reflect the October 1, 2007, system changes based on policy revisions.

### Effective Date

October 1, 2007

### Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	February 23, 2007
4, 5, 23, 24	February 23, 2007

### Additional Information

Refer questions about this general letter to your area income maintenance administrator.



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

November 16, 2007

## GENERAL LETTER NO. 14-B-27

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT CALCULATION SYSTEM***, Contents (page 2), revised; and pages 38, 42a, and 43, revised.

### Summary

This chapter is revised to:

- ◆ Replace references to a six-month redetermination for the MEPD premium to the current policy of an annual review for MEPD under the section, "Medicaid Review, Form 470-3118."
- ◆ Change the section, "S470C607-A, Report 617 MEPD Premium Reviews," to reflect the policy changes to an annual premium period and the change in the months that are appropriate.

### Effective Date

Immediately.

### Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	August 10, 2007
38	February 23, 2007
42a	August 10, 2007
43	December 16, 2003

### Additional Information

Refer questions about this general letter to your area income maintenance administrator.



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

February 29, 2008

## GENERAL LETTER NO. 14-B-28

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT CALCULATION SYSTEM***, Contents (page 1) revised; and pages 7 through 12, revised; and page 12a, new.

### Summary

This chapter is revised to:

- ◆ Change the example of the "ABC System Dates" to the 2008 version under the section, "ABC SYSTEM'S CYCLICAL MONTH."
- ◆ Change the name of section, "Report Form Mailing," to "Review and Report Form Mailing." This change is made to incorporate the new section, "IFPN Review Mail," to the 2008 example of the "ABC System Dates."
- ◆ Add language, forms, and form numbers to reflect current versions where appropriate.
- ◆ Add a new subsection, "MN/SSI-Related Medicaid Review Mailing," under the section, "ABC SYSTEM'S CYCLICAL MONTH." This section is reflected on the new 2008 example of the "ABC System Dates."

### Effective Date

Immediately.

### Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	October 12, 2007
7-12	February 23, 2007

### Additional Information

Refer questions about this general letter to your area income maintenance administrator.



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
EUGENE I. GESSOW, DIRECTOR

February 6, 2009

## GENERAL LETTER NO. 14-B-29

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT CALCULATION SYSTEM***, Contents (pages 1 and 2), revised; and pages 1, 3, 4, 5, 7 through 12, 13 through 16, 20, 23, 29, and 37 through 48, revised.

### Summary

This chapter is revised to:

- ◆ Remove references to the forms *Public Assistance Eligibility Report (PAER)*, 470-0454, *Food Assistance Interim Report*, 470-4026, and the *Combined PAER/FAIR*, 470-4387, based on policy changes. Effective February 1, 2009, the *PAER*, *Combined PAER/FAIR*, and *FAIR* are no longer used. The Automated Benefit Calculation (ABC) system will no longer system-generate these forms for reporting purposes.
- ◆ Remove references to quarterly reporting and simplified reporting based on the policy changes effective February 1, 2009.
- ◆ Change example of the ABC System Date chart to reflect 2009 dates.

### Effective Date

February 1, 2009

### Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	February 29, 2008
Contents (page 2)	November 16, 2007
1	August 10, 2007
3	February 23, 2007
4, 5	October 12, 2007
7-12 (keep 12a)	February 29, 2008
13, 14	February 23, 2007
15, 16, 20	August 10, 2007

23	October 12, 2002
29, 37	February 23, 2007
38	November 16, 2007
39, 40	February 23, 2007
41, 42	August 10, 2007
42a, 43	November 16, 2007
44	November 18, 2003
45	December 16, 2003
46	November 10, 2006
47, 48	December 16, 2003

### **Additional Information**

Refer questions about this general letter to your area income maintenance administrator.